Comparison of oral prednisolone pulse therapy with intravenous methyl prednisolone pulse therapy in severe Alopecia areata

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Background and Aims: Alopecia areata is an autoimmune hair follicle's disease that causes hair loss in scalp, eyebrows, and other hairy areas of the body. There is no approved therapy for this condition but several methods have been introduced. In this paper, we assessed oral prednisolone pulse therapy in comparison to the intravenous methyl prednisolone pulse therapy in treatment of severe Alopecia areata.

Methods: In this clinical-based study, all patients with Alopecia areata registered during 2006-2009 in dermatologic department of 5-Azar hospital, were included. Including criteria was as followings: at least 30% involvement of scalp or more than 10 patch of alopecia in scalp and body. Forty patients with severe Alopecia Areata were enrolled and divided into 2 groups. Group A was treated with 200 mg oral prednisolone in one dose, every week for 3 months and group B were treated with 500 mg intravenous methyl prednisolone in 3 continuous days each month for 6 months. Data were entered into SPSS-16 software and analyzed using non parametric Mann-Whitney and Chi-square tests. Repeated-measure was used to compare the trend of recovery in two groups. P-value of less than 0.05 was considered significant.

Results: Recovery rate after 1, 3, 6 and 12th months after treatment was significantly higher in group B compared to group A. Side effects were included: Acne (5 in A and 7 in B), heartburn (4 in A and 5 in B), stria (4 in A and 6 in B) and were more seen in group B but it was not significant statistically. The recovery rate was not significantly different between two sexes.

Conclusions: In this study, 500 mg intravenous methyl prednisolone in 3 continuous days each month for 6 months showed a better recovery rate in severe Alopecia areata. Patients must be warned about the side effects and outcomes.

Keywords: Oral prednisolone; Methyl prednisolone; Alopecia Areata