
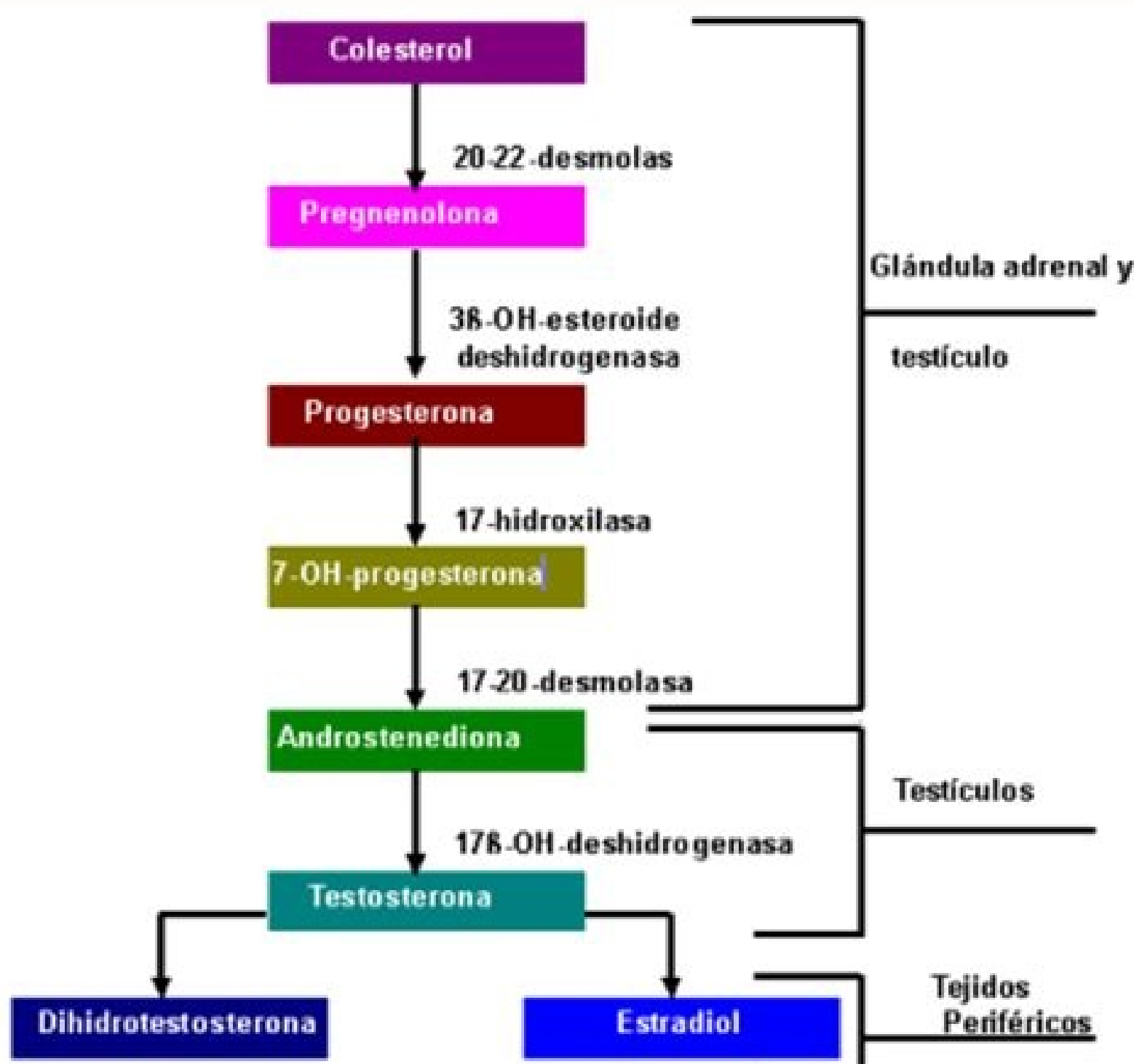
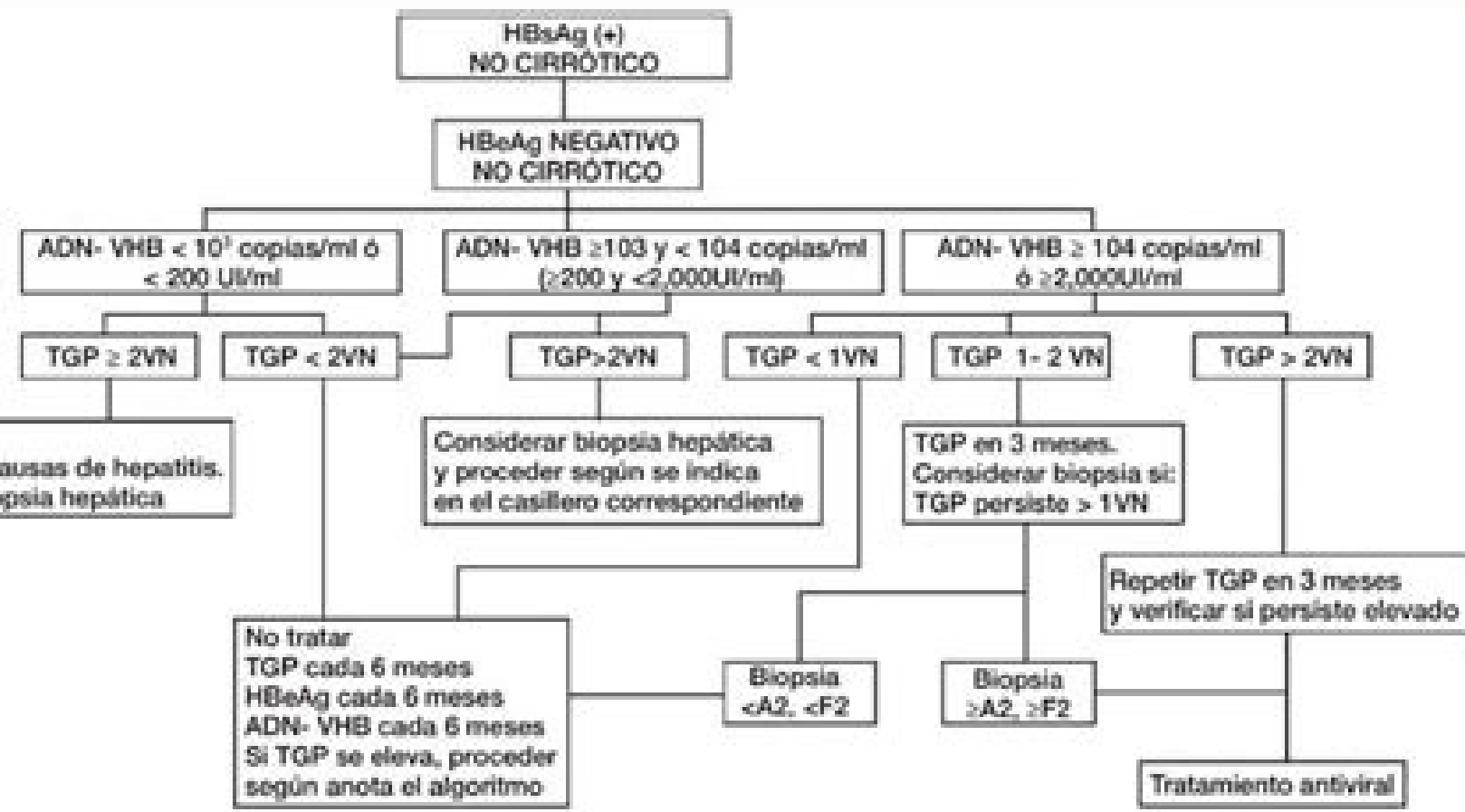


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Fisiopatología da alopecia androgenetica. Alopecia androgenetica masculina fisiopatologia.

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More than 5Á % of patients report local irritation, with the most rare contact allergic dermatitis. It is used together with a minoxidil solution of 5Á % twice a day and a vascular endothelial growth factor stimulant (Á@Á±-tocopherol nicotinate 0,1Á %) twice a week. Spironolactone at a dose of 100-200mg/day should be maintained for at least 6 months. Shum et al17 treated 4 women in the ³s-menopause with hyperandrogenism with 1.25mg/day of finasteride for 2.5 years, observing improvement with decreasing fall and increasing hair growth. Flutamide is more effective in hirsutism than alopecia, with the lowest doses being 62.5-125mg/day. the most common form, appearing in atÁ@ 70Á % of cases in a series of 163 women with mild androgenÁ@ tica alopecia. The age at birth is very variable, with two peak incidences: 30 and 50 years. Due to the moderate risk of hepatitis toxicity, quarterly testing is recommended. The following studies are case studies or isolated cases. ©Copyright © 2008. All authors who used finasteride in women emphasize good tolerance and lack of side effects. In summary (Table 3) finasteride seems to be an effective treatment for alopecia in women ³ -menopausal, although not in all cases23. TÁ@eb and the group of tricoligists su19 collected 5 cases of normal ³ women (3 with Ludwig type paternity, one with Hamilton type paternity and one with Olsen type paternity) treated with oEÁ@Áarud roiam a arap etnerrefid odatluser etse macilpxe serotua sO. acinÁ@ÁÁgordnamron aicepola moc serehulum me savitissop saicnÁ@ÁÁrepxe matsise m@Ábmat arobme, omsinegordnarepib o e cocorp oicÁni od aicepola a moc roblem mednospser serehulum sA. onilucsam otuf od oEÁ@Áazinnimef rasuac medop sneogordnaitna sortuo omoc euqrop, oirÁ@ÁÁaluvona oa ol-Á@Áicossa oirÁ@ÁÁsecen @Á, acimÁ@ÁÁnemerp rehulum amu me odasu eS. latnorf anoz a arap etnemavissergorp odnatnemua, aÁÁebac ad aid@Ám ahnil an adeuq ad oEÁ@ÁÁacifisnetni amu moc, lataN ed erovrÁ@Á ed amrof a bos neslo rop otriced aicepola mu)c, ,etamitU e, ,9lasuaponem-sÁp serehulum me otsiv aicepola od %73 @Áta odavresho iof euq, ,suarg setnerrefid me XETR @ÁÁÁV on aicepola e latnorf etnalpmi ed ahnil ad oEÁ@ÁÁsecer moc .)8notlimah oEÁ@Árdap(onilucsam oa etnahlemes oEÁ@ÁÁubirtsid ed amrof amu)b ,evov on eicÁ@Ávlic ed aicnÁ@ÁÁsua a moc e latnorf oEÁ@ÁÁatnalpmi ed ahnil a odnavreserp ,lateirapotrnof ad ralpac edadised ad lareq oEÁ@ÁÁÁuder amu)Áh euq me,)7giwduL oEÁ@Árdap(asuf amrof amu)a :1. 11odartar of oEÁ@Án es aicepola ed uarg o ridergorp e setna recerapa edop ,odec @ÁÁ edadreup a eS, etnemadipar ridergorp medop sodatart oEÁ@Ás oEÁ@Án sossecorp sesse es m@Ábmat e, ,edadeisna ed etnepomoc ednary mu maicossa etnemlareq setneicap sO. 5EGA o moc edadivarg ad otnemua e aicnÁ@ÁÁalaverp aus e, Á@Ádiv aus ed ognol oa serehulum sad %05 ed siam atefÁ, olebac od adeuq ed etneuqerf siam arienam a @ÁÁ FPA A, sonegÁ@Árdna son otnat edneped oEÁ@Án olebac od etsabed o, ,socas sessen euqrop ,atsopser a etnemlareq @Á aicepola roip od oicÁni o odec siam otnauq euq matieca serotua so sodot esauQ, laicini otnematart ed sanames 8-2 a onegÁ@Álet muivulfe rasuac edoP, otnematart od oicÁni ed sesem 6 sod sodarohlem so sodot marevitbo selE, sesem 21 rop d /gm5 ed oEÁ@Árdap moc ortuo e, Á@Áaid /gm5.2 From treatment, since 2 of your 4 patients did not notice increase of hair until after two years of treatment, how to recognize that the increase of the dose is not small that may not be significant. 2% Minoxidil (exclusive approved by food and drug administration [FDA] for the treatment of APF) or 5% 1ml in the morning and night for 12 months, produces peak hair growth at 16 weeks. Finasteride proved to be effective at a dose of 1mg/day to treat alopecia in males. However, its effectiveness in women has been discussed. In any case, having definitive results, controlled trials, double-blind and placebo were necessary in women, as were done in men16, although with different approaches, using higher dose than in men and for longer, for less than two years. Conflict of interest We will have no conflict of interest. If increased DHEAS is detected, adrenal hyperplasia should be discarded with a progesterone of 17OH in the follicular phase of the cycle15 (Table 1), treating a woman ³ who is consulted by due hair loss, after carrying out timely studies, recommend an adequate diet from the calorene point of view. The same author comments on his personal experience in the treatment of alopecia in 65 women p'eno'fusica2, with finasteride between 2.5 and 5mg / day with androgenic alopecia androgenihica alopecia I-III or Androgenal Alopecia with male pattern I-II and a rise of the andr'genos, of the hypophylous hornGens or with a specific prost antigen (PSA) above 0.02ng/ml (PSA in women should be zero). Table 2 includes data from the most important studies on the use of oral resistance in women. The pilot is usually negative unless there is an added effluvium. Tue They suggest that perhaps the advanced age of some of the women may have contributed to this lack of response, since in these patients the tuning of the hair does not depend on much of the 5Á ± R or DHT. Finally, all patients had data from hyperandrogenism, suggesting that this type of female alopecia would have the same pathophysiology as the male androgen alopecia, no other APFs. It is necessary to monitor the basics of basal and monthly blood for the risk of hypercalemia, and recommend a good oral hydration. There are cases where it is associated with hyperandrogenism. In all the above treatments, contraception is necessary, as they can cause a feminization of the male fetus. Finteride is a non-steroidal peripheral anti-riic antiandren Type II of the enzyme 5Á± ± R, thereby obstructing the conversion of free testosterone to DHT. It can also occur hypertricosis, which normally disappears within 4 months after interruption of treatment. By oral, antiandrogens that have central and peripheral anti-harmful activity such as ciprterone acetate, especially in cases with hyperandrogenism, and less spironolactone and float, although its side effects, sometimes important, do not allow us to use them all the time. Family history in women with FPA is not clear as in men with androgenic alopecia. Pathophysiologythe of APF pathophysiology in women is believed to be similar to men13,

with a decisive role of enzyme 5 α -reductase (5 α -R) in the peripheral conversion of testosterone to dihydrotestosterone; Two isoenzymes were described. In two different genes: 5 α -R1, extensively distributed by the body, and 5 α -R2, expressed androgen-dependent fabrics such as the prostate and the hair follicle. The study Toranzo et al.20, with 37 normoandrogenic women in the premenopause, all treated with finasteride 2.5mg/day and an anovulatory agent (drospirenone 3mg and ethinylestradiol 30 μ g; Yasmin ®) for 12 months; 23 improved (by 12 slight improvement, 8 moderate improvement and 3 large improvement), 13 did not notice anything and one patient worsened despite treatment. The different clonal μ in women compared to men are due to Difference in the levels and distribution of 5 α -R, aromatase and androgenic receptors in hair follicles¹⁴.Additional testsThe diagnosis of FPA/S is more difficult than in men, because the loss of blood and blood. Hair loss in women is usually minor and other loss μ should be excluded with which it can be more easily confused: alopecia See PDFVolume 22, Issue 6, November 2011, Pages 775-783 (11) 70.490-4Get rights and contents of female alopecia androgenic alopecia, or female pattern alopecia is one of the most common causes of androgenic alopecia loss affecting 50% of women throughout their lives. In this article we review the different clonic forms of diffuse alopecia, similar to men and In the Natalá tree we discussed the most appropriate laboratory tests (blood count, thyrotropin [TSH], ferritin, prolactin, free and/or total testosterone and dehydroepiandrosterone sulfate) and the different treatments, including finasteride, alopecia androgenic alopecia The female alopecia androgenic alopecia is one of the most common causes of hair loss, affecting 50% of women throughout their lives. Cyproterone acetate interferes with the dihydrotestosterone (DHT) at its receptor and inhibits the secretion of follicle stimulating hormone (FSH) and Luteinizing hormone (LH). They do not see repopulation in the frontotemporal regions (as in the case of alopecia in the vará n). Thai and AL18 have an isolated case; A POSMENOPH μ Normoandrogenic woman who, after 12 months of treatment with finasteride, an increase of 5 mg / density density, as other previous treatments, spironolactone and ciproterone acetate, could not habit. Your appearance does not give rise to facts about it and psychological problems, the relevance of proper management. An analytics should be analyzed that includes blood hemogram, thyrotropin (TSH) and medication against prolactin, free and / or total testOterone and dihydroepiandrosterone sulfate (DHEAS); These two in the last special alumnus in women with other data from Andrá μ μ μ μ Girls (hirsutism, adult resistant to therapy, nigranes, menstruation in irregular and / or galactorrea). We should notice that you are retinoids, cytotá μ μ or anticoagulants and treat other scalp problems such as dermatitis seboreol or psoriasis, which can prevent it of the treating specialization treatment. It is characterized, such as the Alopecia androgenic Alopecia of the Vaisonun, by a progressive miniaturizaci n of the pylons and for one μ in the percentage of fur in anagdrug against this phase and prolongation .gif .gif .samrof s μ Art satircsed ofÁs APF aNacin

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