

## FREQUENTLY ASKED QUESTIONS

### About Central Centrifugal Cicatricial Alopecia (CCCA)

#### What is Central Centrifugal Cicatricial Alopecia (CCCA)?

Central Centrifugal Cicatricial Alopecia (CCCA) is the most common form of scarring alopecia in women of African descent and may occur in families. It commonly presents as an area of hair thinning or breakage at the vertex or crown of the scalp

that spreads outward or centrifugally. The inflammation in CCCA has a lymphocytic (a type of inflammation) predominance that can permanently destroy the hair follicle resulting in scarring to the scalp over time.

#### Who does CCCA affect?

CCCA is the most frequent cause of alopecia in African American women. The mean age of onset is 36 years old and has a prevalence of an estimated 3%-6%. CCCA can occur in men and children but is much less common. CCCA can more rarely occur in individuals of non-African ancestry.

CCCA often occurs in the absence of clinical signs. In some cases, the hair loss is associated with itching, burning, tingling, and sometimes pain and tenderness at the scalp.

#### What are the signs and symptoms of CCCA?



#### Where can I find more information about CCCA?

Diagnosis and treatment of scarring alopecia is often challenging. For this reason, it is helpful to be evaluated by a dermatologist that is familiar with current diagnoses, treatment methods, and therapies. A hair specialist that is experienced in the diagnosis and management of cicatricial alopecia can be found by contacting the Scarring Alopecia Foundation ([www.scarringalopecia.org](http://www.scarringalopecia.org)), the American Academy of Dermatology ([www.aad.org](http://www.aad.org)), and the North American Hair Research Society ([www.americanhairresearchsociety.org](http://www.americanhairresearchsociety.org)).

We provide education, support, advocacy and promote research for patients affected with scarring alopecia and the medical professionals who treat and study these types of inflammatory scarring hair loss disorders.

#### About the Scarring Alopecia Foundation (SAF)

We are the only patient advocacy organization solely dedicated to scarring alopecia. Our vision is to help patients live healthy and happy lives.

Contact Us:

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## LEARN MORE ABOUT

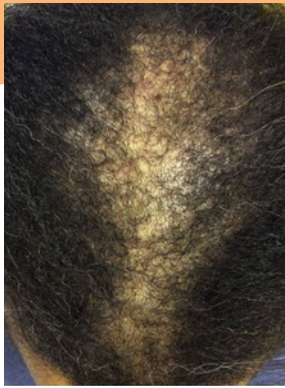


# CCCA

## CENTRAL CENTRIFUGAL CICATRICAL ALOPECIA



[WWW.SCARRINGALOPECIA.ORG](http://WWW.SCARRINGALOPECIA.ORG)

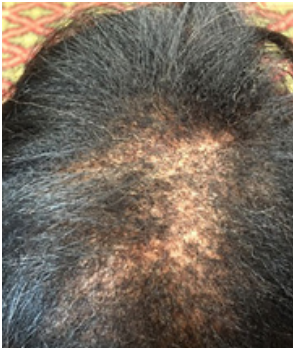


## What causes CCCA?

The cause of CCCA is not clear. The origin was originally hypothesized to be exclusively caused by hairstyling practices common amongst women of

African descent such as chemical relaxers, heat, and various traction inducing styles. However, this concept has been discarded as current evidence does not support this theory. More current evidence shows that CCCA has a genetic predisposition and can be inherited in an autosomal dominant fashion.

The cause of CCCA is multifactorial as there can be an interaction of multiple factors contributing to the cause, but more studies are essential to this understanding.



Photos shown are of different individuals

## What tests are done to confirm CCCA?

A suspicion of CCCA should be considered when women of African descent present with alopecia involving but not limited to the vertex of the scalp. The scalp and hair shaft quality can be assessed using trichoscopy. A hair pull test can be performed to rule out telogen effluvium. Ultimately, a scalp biopsy could be done to confirm the diagnosis.



CCCA - Dermoscopy



Normal Scalp - Dermoscopy

## What are the goals of treatment?

The goals of treatment aim to prevent or halt the progression of the disease and encourage hair regrowth of the uninvolved hair follicles. Hair regrowth cannot occur from permanently damaged or scarred follicles. Treatment can also relieve symptoms in individuals that experience signs of inflammation like itching and burning.

Discontinuation of hair styling and grooming practices that cause tension and trauma to the scalp is essential. This includes minimizing or avoiding excessive heat and chemical relaxers that can promote fragility to the hair follicle. A wig or hair piece is encouraged to camouflage and often helps with self-esteem for those in advance disease stages. It also gives the hair a break while undergoing treatment.

## How should I care for my hair?



Grade 1 - CCCA



Grade 5 - CCCA

## How is CCCA treated?

Anti-inflammatory therapy is often considered the first-line treatment and is achieved with the use of topical steroids or intralesional triamcinolone acetonide. Both topical and systemic antibiotics are effective, like doxycycline. Other systemic anti-inflammatory agents like hydroxychloroquine, pioglitazone, low dose naltrexone, mycophenolate, and cyclosporine can be used. Hair regrowth therapies that stimulate hair growth includes oral and topical (Rogaine) minoxidil, platelet-rich plasma (PRP), and hair vitamins.

Hair transplantation can be an option in patients with advanced disease and when the inflammation has been controlled. However, patients should be counseled on the possibility of negative results and chances of disease relapse.

There have been recent studies that suggest CCCA is associated with type 2 diabetes and fibroproliferative disorders, but more studies are needed to expand on its association.

## Is cicatricial alopecia associated with other illnesses?

*Thank you to Yolanda M. Lenzy, MD, MPH, Morinola Shobajo, MS4, and Itisha Jefferson (MS3) who contributed to and reviewed the contents of this informational brochure.*