Adjuvant oral minoxidil for the treatment of alopecia areata refractory to Janus kinase inhibitors

Tratamento adjuvante com minoxidil oral para tratamento de alopecia areata refratária a inibidores de JAK

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ABSTRACT

Janus kinase inhibitors have changed the therapeutic paradigm of severe alopecia areata therapy. Some patients are refractory to dosage escalating. In this article, we describe the applicability of adjuvant oral minoxidil therapy.

Keywords: Alopecia; Alopecia Areata; Hair Janus Kinases; Minoxidil

RESUMO

Inibidores de Janus quinase mudaram o paradigma terapêutico de alopecia areata grave. Alguns pacientes são refratários ao aumento da dosagem. Neste artigo, descrevemos a aplicabilidade da terapia adjuvante com minoxidil oral.

Palavras-chave: Alopecia; Alopecia areata; Cabelo; Janus Quinases; Minoxidil

While Janus kinase (JAK) inhibitors have changed the therapeutic landscape of severe alopecia areata (AA), not every patient with AA responds to JAKi, and other treatment challenges remain: (1) Some patients require increased doses of JAK inhibitor to achieve hair regrowth; (2) Disease relapse can occur despite ongoing treatment; (3) If disease relapse occurs after treatment discontinuation, the same hair regrowth as occurred with initial treatment may not occur with retreatment.

In 1987, a study of oral minoxidil, 5mg twice daily, for the treatment of AA showed that 20% of patients achieve cosmetically acceptable hair growth.1 Recently, we observed that tofacitinib used in combination with oral minoxidil may be more efficacious than tofacitinib monotherapy in patients with severe AA.2 Here we present 3 patients with AA undergoing monotherapy with tofacitinib or ruxolitinib in which there was no efficacy or waning efficacy; in each case, adding (adjuvant) oral minoxidil (AOM) produced an excellent response (Figures 1 and 2).
In some patients who are refractory to JAKi monotherapy, AOM may offer a solution. In our experience, the response to adjuvant treatment is typically seen 3-6 months after initiation of AOM (2.5mg, once or twice daily). Combination therapy may improve efficacy of JAKi, thereby limiting the need to escalate dosage, which is costly and potentially increases the risks for adverse effects. Additional studies will be important to better understand the optimal use of oral minoxidil in combination with JAKi.

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REFERENCES


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