
Latanya T. Benjamin, MD

HAIR CARE CONSIDERATIONS IN SOC

MOPD

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HAIR CARE PRACTICES

- **Traditional vs Modern**
- **Scalp care**
- **Frequency of washing and cutting**
- **Humidity**
- **Adornment**



3 C'S

- **Climate**
- **Curl pattern**
- **Cultural norms**



HAIR TYPES

➤ **Balinese (Southeast Asia)**

- Hair Type (generally): Straight to wavy

➤ **African American**

- Hair Type (generally): Coily, kinky, tightly textured

➤ **Indian (South Asia)**

- Hair Type (generally): Thick, wavy to curly

➤ **Caribbean (Afro-Caribbean)**

- Hair Type (generally): Coily to curly, diverse



“WHY IS MY CHILD LOOSING HAIR “



SOC CONSIDERATION

- **The physician's response to chief concern key to building trust and confidence**
- **Do NOT trivialize the concern or dismiss it!**



HAIR LOSS- MAKING THE DIAGNOSIS

- Complete History
- Physical Examination
 - Hair pull test
 - Dermatoscopic examination
- Scalp biopsy



“MY CHILD’S HAIR WON’T GROW”



HAIR GROWTH

- **Hair of AA children grows more slowly than in white children**
 - (0.259 vs 0.330 mm / per day)
- **Break faster vs white**
 - (146.6 vs 13.13 total broken hairs)

Taylor SC, Barbosa V, Burgess C, et al. Hair and Scalp Disorders in Adult and Pediatric Patients With Skin of Color *Cutis*. 2017;100:31-35.



HAIR GROWTH

➤ Key Recommendations

- Reassurance - hair is indeed growing
- Length will increase as child matures
- Wet brushes / detangling sprays
- Avoid hair extensions / hairstyles that promote traction
- Use moisturizing shampoos & conditioners (help to minimize breakage and support the growth of healthy hairs)



5 YR FEMALE W/ PUSTULES ON SCALP



TRACTION ALOPECIA

- African American females
- Induced by tight braids held with elastic bands
- Outermost hairs of braid usually affected





TRACTION ALOPECIA



- **Clinical Findings:**
 - **Short, thinning hair at frontal hairline**
 - **or between braids**
 - **Pustules**
 - **Follicular-based papules**

TRACTION ALOPECIA

- Vellus hairs remain, loss of terminal hair
- Early disease...reversible
- Late disease...permanent hair loss



TRACTION ALOPECIA

- **Treatment:**
 - **Loosen braids or pony-tail**
- **May lag years between insult and hair loss**



PREVENTION



CAUSES OF HAIR SHAFT WEAKENING

- **Iron deficiency**
- **Hypothyroidism**
- **Nutritional deficiencies**
- **Heat, colorants, chemical relaxers**
- **Irons cause substantially more damage than blow dryers**
- **Flat irons - High 230 degrees C (450 degrees F)**
- **Blow-dryers- 100 degrees C (210 degrees F)**

FRAGILE HAIR

- Sixth most common diagnosis seen in black patients visiting a dermatologist
- Hair fragility and breakage is common and multifactorial in black patients
- Afraid to cut hair
- Knots that lead to breakage during combing and hair grooming (55% even with normal styling) X32



HAIR BREAKAGE- TIPS

- Stop bleaching hair
- Switch from permanent colorants to semipermanent, demipermanent, temporary dyes
- Use heat protectant products before styling
- detangling conditioner wide toothed smooth comb wet brush
- Leave in treatments
- Give hair a rest for 6-12 months; aim for natural state
- Air drying or roller set
- Thermal styling- turn temp down on flat and curling iron
- Don't be afraid to trim damaged hair



THE ITCHY SCALP



THE ITCHY SCALP

- **Seborrheic dermatitis**
- **Contact dermatitis**
- **Anxiety**
- **Lichen planopilaris**
- **Lice**
- **Psoriasis**

SCALLP ACRONYM

Vazquez-Herrera NE, Sharma D, Aleid NM, Tosti A. Scalp Itch: A Systemic Review Skin Appendage Discord 2018 Aug;4(3):187-199

SEBORRHEIC DERMATITIS

- **Infantile form /cradle cap (ISD)**
- **Adolescent form (ASD)**

SEBORRHEIC DERMATITIS (INFANTILE SD)

CRADLE CAP

- First 4-6 weeks of life
- Erythematous plaques
- Thick adherent yellow scales
- Commensal *Malassezia* yeast



CRADLE CAP TREATMENT

- **Self- resolving**
- **Conservative treatment**
- softening and gentle removal of scales
- **Gentle shampoo: selenium sulfide, zinc pyrithione**
- **Rx: 2% ketoconazole, Mild TS**
- **Avoid vigorous scrubbing or brushing**



CRADLE CAP TREATMENT

- Avoid treatments containing tar and salicylic acid in infants
- TCI's (Not approved <2 years)



SEBORRHEIC DERMATITIS (ADOLESCENT SD)

- Erythematous scaly plaques
- Greasy yellow scales
- Head, neck, upper trunk
- Face- prominent over forehead, eyebrows, alar creases, retro-auricular folds, auditory canal



SEBORRHEIC DERMATITIS

- **Data from National Ambulatory Medical Care Survey (1993-2009)**
 - **Second most common diagnosis for black patients who visit a dermatologist**
 - **Prevalence data population 1408 US and China**
 - **Scalp flaking**
 - **81%-95% -Black patients**
 - **66%-82%- White patients**
 - **30%-42%- Chinese patients**
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SEBORRHEIC DERMATITIS

- **In Black patients**
- **Exacerbated by infrequent shampooing (once per month)**
- **Hair oils and pomades**
- **Complicated with itch/LSC, folliculitis, hair breakage**



SEBORRHEIC DERMATITIS

(ADOLESCENT SD)

- **DDx**
- **Atopic Dermatitis**
- **Scalp Psoriasis**
- **Tinea capitis**
- **LCH**
- **Sarcoidosis**
- **Discoid Lupus Erythematosus**
- **Lichen Simplex Chronicus**
- **Nit infestation (low rate in AA)**



SEBORRHEIC DERMATITIS

TREATMENT

- **Apply to scalp vs hair shaft (to minimize dryness)**
- **Shampoos: selenium sulfide, zinc pyrithione,**
- **Tar, Ketoconazole**
- **Roflumilast Foam 0.3%**
- **TS (itch component)**
- **Antidandruff conditioners**



SEBORRHEIC DERMATITIS

TREATMENT

- For hairline and facial involvement
- Low-potency TS
- TCI
- Antifungal creams: ketoconazole /econazole
- Roflumilast Foam 0.3%



SOC CONSIDERATION

- **Encourage patient to increase shampooing to once weekly or every 2 weeks**
 - **Discontinue scalp oils and pomades**
 - **Rx vehicles matter!**
 - **Discuss exercise frequency; understand other impact factors such as time to style hair**
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PEDICULOSIS CAPITIS

- Head lice seem to be more common in Caucasian, Hispanic, Asian than in African American people
- Fewer than 0.5% of AA schoolchildren compared with 10% of schoolchildren in other races
- Head lice find it easier to grip onto circular hair shafts (coil hair has oval cross-section)



SIGNS & SYMPTOMS

- Presence of insects
- Black or gray; 2-3 mm long; six clawed legs
- Itch or tickling sensation in the hair
- Seeing movement in the hair
- Trouble sleeping
- Sores on the scalp from scratching



TREATMENT

- **Wet the hair and divide into sections**
- **Apply lice treatment or home remedy (coconut oil)**
- **Move a louse comb through the hair sections to remove head lice and eggs**
- **Rinse out any excess product from the hair**
- **Check anyone else in the house to prevent further spreading**



INFLAMMATION ISN'T JUST DANDRUFF

Tinea capitis with pustules



TINEA CAPITIS

- Fungal infection of scalp and hair
- One of the most common issues in children with skin of color



TINEA CAPITIS

➤ **Clinical Findings:**

- **Wide distribution of scaling**
- **Annular scaly plaques**
- **Plaques studded with black dots (broken hairs)**
- **Annular inflammatory plaques**
- **Scalp hyperkeratosis**



TINEA CAPITIS

- **Diagnosis is confirmed by a fungal culture**
- **Adequate sampling is required**
- **Consider treating empirically**
- **Occipital LAD + alopecia +/- scaling is predictive**
- **Treatment:**
 - *Trichophyton tonsurans* -terbinafine x 2-4 weeks
 - *Microsporum canis* -griseofulvin griseofulvin x 8-12 weeks



SOC CONSIDERATION

- **Adding an antifungal shampoo**
 - **May help reduce household spread**
 - **May cause hair dryness and breakage**
 - **Increase time depending on frequency of washes**
 - **I add antifungal cream in between washes to hair parts**
 - **Hot water washes to pillow cases and hair accessories**



Tinea capitis with kerion



THANK YOU!

