

Imagem em Medicina

# Trichotillomania and borderline personality disorder

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Figure 1 shows asymmetric alopecia on vertex region in a 54-year-old woman diagnosed with borderline personality disorder (BPD). Clinical examination found different hair lengths and short *vellus*.



Figure 1. Patient with alopecia due the trichotillomania.

Alopecia areata and trichotillomania present clinical and dermoscopic similarities<sup>1-4</sup>; however, patient described compulsive hair pulling, supporting differential diagnosis.

Main features of trichotillomania are alopecia with asymmetrical, geometrical, or bizarre-shaped patches. Alopecia mainly affects parietal or vertex region, and usually presents with excoriations and bleeding.<sup>4, 5</sup>

The patient reported difficulty in controlling impulses, mainly hair pulling. In this case, correct pharmacological management and dialectical behavioral therapy are treatment of choice for BPD<sup>6</sup> and essential to improve the condition.

Although self-mutilation is frequent in BPD, literature lacks reports associating trichotillomania and self-mutilation.

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