







telogen phase and relatively uniform radius of the terminal hair shaft were observed on dermoscopic study. There were no traces of broken hair or black dots or even exclamation point hairs, etc. Topically 5 percent use of minoxidil mixed with halcinonide (solution) and selenium sulphide (lotion) mixed with shampoo were used for the treatment. The results were seen in 3 months, the hair loss was observed to be significantly in control; complaint of oily scalp and trichodynia were now seen to have disappeared. The percentage of TE cases reports in dermatology clinics were increased 5.51 times during pandemic as compared with the same season of the previous year, as observed in a study in Turkey [23].

Dr. Kheterpal, et al. says that the hair follicle growth cycle is divided into three phases: Anagen (growing), catagen (resting) and telogen (regeneration) (shedding). In general, 90 percent of the hairs are in the anagen phase, with 5 percent in catagen and 5 percent shedding in the telogen phase of the growth cycle.

However, the proportion of hair follicles in the telogen phase increases, up to 50 percent resulting in massive shedding, as seen in telogen effluvium. There is some genetic tendency and nutrition, particularly iron, biotin and vitamin D, have role. Checking Fe and vitamin D levels may be recommended, as well as taking an iron fortified multivitamin or taking an iron supplement. A biotin supplement could also assist. There are numerous stressors associated with pandemics and quarantines that might exacerbate symptoms.

Alfredo Rossi, Francesca Magri, Alvis Sernicola, Simone Micheli, Gemma Caro, Marta Muscianese, Marco Di Fraia, Camilla Chello, Maria Caterina Fortuna and Teresa Grieco, et al. In a case report assessed 14 cases of recovered COVID-19 infection. Trichoscopy and trichogram to investigate pattern of hair loss related to COVID-19 in the patients were used for acute hair loss after SARS-CoV-2. The pull test, trichogram and trichoscopy were used in the clinical examination.

The average length of hair shedding was five months (range 1-6 months). Trichoscopy revealed TE patterns that were diverse yet usual. Hypothesis was made, different pathogenic processes implicated includes the release of pro-inflammatory cytokines and direct damage to the hair follicle by the virus.

More research on bigger samples is needed, however, to improve our present understanding of this TE disease [24].

Omer Kutlu, Habibullah Aktas, Isil Gogem Imren, Ahmet Metin, et al. reported that the percentage of alopecia was 1.48% after the pandemic while it was 0.97% before the COVID-19 pandemic [25].

Aida Gadzhigoroeva, Daniela Guzman Sanchez, et al. in their study reported to have a positive correlation with the SARS-CoV-2 infection; diffuse alopecia is seen to be an important sequel of COVID-19. A large longitudinal study on 538 COVID-19 survivors and 184 controls was carried out in Wuhan, China, in order to investigate the

prevalence and predictors of COVID-19 clinical sequel. 3-4 months after discharge, alopecia was among the most prevalent complains in convalescent COVID-19 patients, reported more commonly by women. In the control group, almost half of the female participants started experiencing hair loss after being infected by COVID-19 compared to no case. 27% of affected cases experienced alopecia during their hospitalization while 73% first recognized it after being discharged. Due to the timing of symptoms, at least a proportion of the cases with newly onset alopecia in this study are suspected to have premature or exacerbated FPHL [26].

## CONCLUSION

COVID-19 and TE ought to have strong correlation as per studies. TE is diffuse, non-scarring hair loss observed in majority of post COVID-19 recovered cases. The hair shedding is observed in 1-3 months in acute condition. TE being self-limiting; the normal hair pattern is regained in 6-9 months. Fever being the prime factor involved for TE. Psychological stress also aggravates the situation which was seen to have a rise during the pandemic. TE is observed more if the length is more, in females, in hypertensive and patient who show significant lung involvement *i.e.* severe patients.

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