

## TRICHORRHEXIS NODOSA OF MOUSTACHE

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A 29-year-old patient developed trichorrhexis nodosa of only the moustache at both its ends. There was no personal or family history of any hair, dermatological or central nervous system disorder. Also, there was no history of any previous topical or systemic therapy. In the absence of any other identifiable cause; his habit of repeated twirling of his moustache possibly resulted in trichorrhexis nodosa.

**Key words :** Trichorrhexis nodosa, Twirling, Moustache.

Trichorrhexis nodosa (TN) in most cases, is an acquired hair defect, mainly traumatic in origin, characterized by greyish-white nodules of the hair shaft representing partial fracture. Various hair shaft abnormalities,<sup>1</sup> argininosuccinic aciduria, epilepsy, cerebellar ataxia and mental retardation have been associated with it.<sup>2</sup> Yet the most essential provocative factor is trauma, physical or chemical.<sup>1</sup>

From India, TN involving the scalp hair<sup>3,4</sup> and the beard<sup>5</sup> has been reported. But involvement of the moustache alone has not been recorded previously. We saw a patient in whom TN of the moustache possibly resulted from trauma imparted by his habit of repeated twirling of the moustache.

### Case Report

A 29-year-old male medical student experienced breaking off of moustache hairs on both sides above the angles of his mouth during the last two months. He was observed to be frequently twirling the moustache. He had a slightly darker complexion as compared to the average Indian standards and was very conscious of his cosmetic appearance. His marriage was arranged recently. There was no family history of any hair, dermatological or central nervous

system disorder. There was no history of previous drug intake.

Examination with a magnifying lens revealed small greyish-white node-like swellings of the hair shaft at the lateral ends of the moustache above the angles of the mouth. The hair length ranged from 2 mm to 2 cm. Moustache over the philtrum and 1.5 cm laterally on both its sides was normal. Hairs elsewhere on the body were also normal. He had no other abnormality.

Microscopic examination of a few hairs plucked from the moustache showed a partial fracture of the hair shaft in the form of a node-like swelling and complete fracture with typical paint-brush appearance terminally. The patient was advised not to touch the moustache at all. He, however, could not overcome the habit of twirling and continued to have the node-bearing hairs as well as broken hairs even after 6 months.

### Comments

The trauma imparted by excessive use of cosmetic procedures such as brushing, back-combing, permanent waving, as also by the weathering effect of UV light<sup>6</sup> underlies the development of TN. Repeated applications of heat, bleaches or alkali are yet other forms of trauma in inducing TN.<sup>7</sup> Owens and Chernosky<sup>8</sup> observed that TN may be related to the amount of trauma received by the hair shafts rather than to some inherent chemical or structural defect.

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The attitude of twirling is a behaviour pattern acquired by frequent repetition that led to regularity of the action, forming a habit. Eller<sup>9</sup> related nervous habits to those skin disorders in which the cutaneous problems are, for the most part, the direct result of the patient doing something to his skin whether or not he is aware of it. The act of twirling was clearly a type of nervous habit of this patient.

Twirling involves holding the moustache end with the thumb and the index finger on the corresponding side and rotating it at its axis, to give it an upward twist frequently. Though unproved experimentally, mild rubbing, while rotating; twisting and tractional pull do occur. The site of the moustache involved by TN and the end of the moustache held by our patient during twirling were the same. Repeated twirling, a rather unique form of trauma, possibly resulted in the TN in our case.

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