
Pediatric Game Changers*:

Oral tofacitinib for the treatment of alopecia areata in children



*A game changer is a short narrative stating how an article that originally appeared in *JAAD* changed the game of dermatology. **NOTE:** The Game Changer author is not the original author of the article. Please see the reference section for the original author information.

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Capsule summary:

- These 2 case series described the use of oral tofacitinib to treat severe alopecia areata (AA) in children aged 4-10 years.
- Doses ranged from 2.5 mg daily in patients aged 4-5 years to 5 mg twice daily in patients aged 8-10 years.^{1,2}
- Of the 7 patients described, 6 achieved at least 50% improvement after 3- 21 months of treatment.^{1,2} Side effects included diarrhea (2 patients) and upper respiratory infection (1 patient), which resolved despite continuous therapy.²

How did this article change the practice of dermatology?

- Oral tofacitinib may be considered a treatment option for preadolescent children with severe AA resulting in psychosocial impairment, with appropriate counseling on potential adverse effects, such as infections and malignancies.
- These results are promising as extensive AA in children may have a profound negative impact on the quality of life and treatments have been limited thus far.

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REFERENCES

1. Craiglow BG, King BA. Tofacitinib for the treatment of alopecia areata in preadolescent children. *J Am Acad Dermatol.* 2019; 80(2):568-570.
2. Dai YX, Chen CC. Tofacitinib therapy for children with severe alopecia areata. *J Am Acad Dermatol.* 2019;80(4):1164-1166.