

Complete hair regrowth with ritlecitinib in refractory pediatric alopecia areata: a real-world case

Repovoação completa do couro cabeludo com ritlecitinib na alopecia areata pediátrica refratária: um caso de vida real

Filipe Monteiro^{1,2*}, Gustavo Almeida-Silva^{1,2}, Inês Tribolet-Abreu^{1,2}, Inês Amaral^{1,2},
Ivânia Soares^{1,2}, and Sónia Fernandes^{1,2}

¹Serviço de Dermatologia, Hospital de Santa Maria, Unidade Local de Saúde Santa Maria; ²Clínica Universitária de Dermatologia da Faculdade de Medicina da Universidade de Lisboa. Lisbon, Portugal

Dear Editor,

Alopecia areata (AA) is an immune-mediated, non-scarring hair disorder that can have profound psychosocial consequences in adolescents.¹ Treatment options for severe, long-standing pediatric disease remain limited, and therapeutic responses are often partial or transient.² Ritlecitinib, an oral selective Janus Kinase (JAK) 3 and TEC family kinase inhibitor, has recently expanded targeted treatment options for moderate-to-severe AA in adolescents and adults.³

We report a case demonstrating complete and sustained hair regrowth with ritlecitinib in a long-standing, treatment-refractory pediatric AA patient, including maintained response despite temporary treatment interruption.

A 17-year-old female with a 9-10-year history of AA was referred for specialist pediatric dermatology evaluation due to persistent, extensive scalp involvement. Previous therapies included high-potency topical corticosteroids, multiple courses of oral corticosteroids and oral minoxidil, all associated with incomplete and short-lived improvement. At presentation, the Severity of Alopecia Tool (SALT) score was 38.4, consistent with severe disease, and the patient reported significant psychosocial distress affecting self-esteem and social functioning.

Baseline investigations revealed mild anemia (hemoglobin 10.6 g/dL) and positive antinuclear antibodies (1:160, fine granular pattern). Thyroid function, renal, and hepatic parameters were within normal limits. After multidisciplinary discussion and approval through a managed access program, ritlecitinib 50 mg once daily was initiated in June 2025, following appropriate screening and counseling. Regular clinical and laboratory monitoring was performed.

Rapid hair regrowth was observed within weeks of treatment initiation. By September 2025, the SALT score had improved from 38.4 to 0.4, with only two small residual patches (< 1 cm), both showing regrowth (Fig. 1). By January 2026, complete scalp regrowth was achieved (SALT 0).

In late July 2025, treatment was temporarily interrupted for 4 weeks due to an upper respiratory tract infection, which was associated with transient leukocytosis (14,800/ μ L) and mild thrombocytopenia (128,000/ μ L). The infection was considered unrelated to ritlecitinib. Following clinical recovery and normalization of laboratory parameters, ritlecitinib was reintroduced without complication. Importantly, there was no loss of therapeutic response during or after the interruption. Subsequent monitoring showed stable renal and hepatic function and no clinically significant lipid

***Correspondence:**

Filipe Monteiro

E-mail: filipesilvamonteiro@gmail.com

2795-501X / © 2026 Portuguese Society of Dermatology and Venereology. Published by Permanyer. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Received: 28-06-2026

Accepted: 04-08-2026

DOI: 10.24875/PJDV.26000081

Available online: 06-10-2026

Port J Dermatol and Venereol. (ahead of print)

www.portuguesejournalofdermatology.com



Figure 1. Clinical response to ritlecitinib in a 17-year-old girl with severe alopecia areata. **A:** baseline extensive patchy scalp alopecia (SALT 38.4). **B:** near-complete regrowth after 3 months of treatment (SALT 0.4).

abnormalities. Hemoglobin improved to 11.8 g/dL. No serious adverse events occurred.

This case highlights several clinically relevant observations. First, ritlecitinib may induce rapid and complete regrowth in adolescents with long-standing, treatment-refractory AA, consistent with outcomes reported in pivotal clinical trials.³ Second, a brief treatment interruption due to intercurrent illness did not compromise clinical efficacy. Third, structured monitoring and multidisciplinary management support safe administration in selected pediatric patients, in line with evolving therapeutic guidance.^{2,4}

In summary, this case highlights a rapid and complete response to ritlecitinib in a 17-year-old patient with long-standing (9-10 years) and treatment-refractory AA following multiple prior therapeutic failures. Importantly, clinical remission was achieved within months and was maintained despite a temporary interruption of therapy,

suggesting durable disease control even in the context of real-world treatment challenges. While longer-term safety data in pediatric populations remain essential, this case supports the growing role of selective JAK inhibition as an effective therapeutic option in severe, recalcitrant adolescent AA.

Funding

None.

Conflicts of interest

None.

Ethical considerations

Protection of human subjects and animals. The authors declare that no experiments on humans or animals were performed for this research.

Confidentiality, informed consent, and ethical approval. The authors obtained approval from the appropriate Ethics Committee. Written informed consent for publication of the clinical images and associated clinical information was obtained from legal guardian of the patient. All reasonable measures were taken to protect the patient's identity, and no identifying information is disclosed in this manuscript.

Declaration on the use of artificial intelligence. The authors declare that no generative artificial intelligence was used in the writing or creation of the content of this manuscript.

References

1. Liu LY, King BA, Craiglow BG. Health-related quality of life (HRQoL) among patients with alopecia areata (AA): a systematic review. *J Am Acad Dermatol.* 2016;75:806-12.e3.
2. Harries MJ, Ascott A, Asfour L, Farrant P, Hale G, Holmes S, et al. British association of dermatologists living guideline for managing people with alopecia areata 2024. *Br J Dermatol.* 2025;192:190-205.
3. Hordinsky M, Hebert AA, Gooderham M, Kwon O, Murashkin N, Fang H, et al. Efficacy and safety of ritlecitinib in adolescents with alopecia areata: results from the ALLEGRO phase 2b/3 randomized, double-blind, placebo-controlled trial. *Pediatr Dermatol.* 2023;40:1003-9.
4. Sinclair R, Mesinkovska N, Mitra D, Wajsbrot D, Law EH, Wolk R, et al. Patient-reported hair loss and its impacts as measured by the alopecia areata patient priority outcomes instrument in patients treated with ritlecitinib: the ALLEGRO phase 2b/3 randomized clinical trial. *Am J Clin Dermatol.* 2025;26:109-19.