

LETTER TO THE EDITOR

Methodological concerns in ‘dutasteride in the treatment of frontal fibrosing alopecia’

Dear Editor,

We read with great interest the article by Seo et al.,¹ ‘Dutasteride in the treatment of frontal fibrosing alopecia: Systematic review and meta-analysis’. While the topic is highly relevant and the authors are to be commended for addressing an important clinical question, several methodological limitations raise concerns regarding the reliability and applicability of their findings.

The meta-analysis reported extremely high heterogeneity ($I^2=96.28\%$ for stabilization and $I^2=70.34\%$ for improvement). Despite this, the authors did not conduct sensitivity or subgroup analyses to explore potential sources of heterogeneity, such as treatment modality (monotherapy vs. combination therapy), study design, diagnostic criteria or follow-up duration. Pooling highly heterogeneous studies without appropriate stratification may undermine the validity of the summary estimates.

Furthermore, a subgroup analysis was performed on patients demonstrating clinical improvement; however, the analysis did not differentiate between those treated exclusively with dutasteride and those receiving concomitant therapies. This introduces substantial confounding, precluding attribution of the observed effects specifically to dutasteride.

Regarding the systematic review methodology, the authors referenced adherence to PRISMA guidelines but failed to disclose the full Boolean search strategies employed. Critical information regarding the screening process, including the number of reviewers, procedures for resolving disagreements and protocol registration, was also omitted, limiting transparency and reproducibility.

The decision to restrict inclusion to English-language publications may have introduced language bias, potentially excluding relevant studies from non-English-speaking countries, where frontal fibrosing alopecia has also been increasingly reported.

Another point of concern relates to diagnostic ascertainment. The criteria used to confirm the diagnosis of frontal fibrosing alopecia across studies were not clearly defined. Given the recognized overlap between frontal fibrosing alopecia and androgenetic alopecia, particularly among women,

potential misclassification could have influenced treatment outcomes — especially as dutasteride is known to be effective in androgenetic alopecia.

Finally, the presentation of the meta-analytic results warrants caution. Forest plots demonstrated wide confidence intervals, in some cases crossing the null value, and graphical representations lacked uniform scaling. The broad confidence intervals (e.g. 0.398–0.859 for stabilization) indicate considerable uncertainty and further diminish the conclusiveness of the reported findings.

In summary, although the investigation of dutasteride for frontal fibrosing alopecia is a clinically relevant endeavour, the considerable methodological limitations, high heterogeneity, insufficient subgroup stratification, incomplete reporting of systematic review procedures, diagnostic ambiguity and imprecise effect estimates substantially weaken the strength of the conclusions. Further rigorously designed randomized controlled trials are needed to establish the efficacy and safety of dutasteride in this context.

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CONFLICT OF INTEREST STATEMENT

Ana Paula Pedroso Junges and Kelen Klein Heffel declare no conflict of interest. Rodrigo Pereira Duquia received honoraria for speaker activities from Janssen, Novartis, AbbVie and UCB, and has received travel support from Janssen to attend international congresses.

DATA AVAILABILITY STATEMENT


Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

ETHICAL APPROVAL

Not applicable.

ETHICS STATEMENT

This letter does not involve patient data or research requiring ethics statement.

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1. Seo H-M, Oh SU, Kim S, Park JH, Kim JS. Dutasteride in the treatment of frontal fibrosing alopecia: systematic review and meta-analysis. *J Eur Acad Dermatol Venereol*. 2024;38:1514–21. <https://doi.org/10.1111/jdv.19802>