

Role of PRP (platelet-rich plasma) in alopecia areata: A literature review

[TITLE in sentence case only, except the Place, Names, or *Latin-word*,
Align center, Times New Roman 14, 1.5 spaces, bold]

Abbreviations should not be present in the title of manuscript except a very common entity (DNA, RNA, COVID-19). No running titles.

Firstname Lastname¹, Firstname Lastname^{2*}

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¹Affiliation – [In capitalize each word only, align justify, TNR 12, 1 spaces, normal, 1 column on the whole]

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[Asterix first then write the similar text and the corresponding email, Align Justify, TNR 12, 1 space, nospace column on the whole]

Layout Format

Page size	A4
Margins	All Margins, 2.5 cm
Page number	Numbered at bottom right
Footer / Headers	None
Line Number	Continuous

ABSTRACT

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A brief summary of topic. Abstract presented in unstructured format, Do not exceed 350 words.

Alopecia areata (AA) is an autoimmune disease that causes hair loss, and its specific cause is not fully determined. This disease affects the patients physically, psychologically, and cosmetically. Treatment of AA is not curative, but controls or limits the disease course. Most treatment modalities are an immunosuppressive or immunomodulatory agent, which are associated with increased side effects. PRP has been used in aesthetics and dermatology, especially for wound repair. Improvement characterized by hair growth has been reported in several studies. Hair growth improvement with PRP is an effective procedure for AA without any allergic reaction. Epidermal proliferation, induction of angiogenesis, and stimulation of the growth of follicular bulge cells were also reported. Despite showing the efficacy of PRP in AA, it is necessary to carry out randomized clinical trials and long-term evaluations to support the efficacy of therapy.

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Keywords: degenerative spinal disease, unilateral pedicle screw, clinical outcome

[Please include three to six keywords.]

--Insert Page Break--

INTRODUCTION

[The HEADING line must begin with the words INTRODUCTION boldfaced. UPPERCASE, Aligned left, TNR 12, 1.5 spaces, bold, 1 column]

Description of the background information regarding the topic. The introduction should provide sufficient background information such that a scientifically literate reader can understand and appreciate the urgency/importance of the topic to be described. The introduction MUST include upper-text citations including references to pertinent reviews and primary scientific literature.¹

Remember to put citation after the sentence that contain facts or opinion derived from previous publication.² Citing other works is a proper way of giving credit for the one who deserved it.^{1,2}

[Sentence case, align justify, TNR 12, 1.5 spaces, normal, 1 column]

Inline citation followed the Vancouver superscript format. Inline citation should be numbered consecutively in the order in which they are first mentioned in the text.

ALOPECIA AREATA

[The HEADING line must begin with the words METHODS boldfaced. UPPERCASE, Align left, TNR 12, 1.5 spaces, bold, 1 column]

Alopecia areata is a chronic inflammatory disease that affects the hair follicles and sometimes the nails. This disease is characterized by the presence of scar less hair loss that affects all parts of the hair covering the body

[This subtopic section should relate the detailed description of the subtopic related to the topic (explanation regarding the disease). Sentence case, align justify, TNR 12, 1.5 spaces, normal, 1 column]

Note:

Subheadings I, e.g. --- **Imaging Finding** – prefer to bold in sentence case only.

Subheadings II, e.g. --- *MRI finding* – prefer to italic in sentence case only.

Tables

- Tables must be concise and cited consecutively using Arabic numerals in the text (Table 1, Table 2...etc.). The title of the table should clearly indicate the nature of the contents and sufficient detail should be included in the footnote to facilitate interpretation without reference to the text. Use horizontal rules only.

- Tables should be self-contained and complement, not duplicate, information contained in the text. They should be supplied as editable files, not pasted as images.
- Legends should be concise but comprehensive – the table, legend, and footnotes must be understandable without reference to the text.
- Table captions should be included at the main text.
- All abbreviations must be defined below the tables. The symbols: †, ‡, §, ¶, should be used (in that order) and *, **, *** should be reserved for *p*-values. Statistical measures such as SD or SEM should be identified in the headings.
- Example:

Table 1. The characteristic of mandibular angles. ----- [Sentence case, Align center, TNR 12, 1.5 spaces, normal, 1 column]

Data	Mean ± SD	p-value
Angulation		
30°	23 ± 2.4	0.015*
45°	30 ± 2.8	0.201
Width	60 cm ± 1.8	0.023*

Note: *significant at $p < 0.05$ by independent t-test; SD = standard of deviation; p=probability.

Main table ----- [Sentence case, adjustable aligning, TNR 12, 1.5 spaces, normal; If the table is over than 1 page, they could be ordered as attractive as possible, without diminish the data values]

The note below the table ----- [Sentence case, Align left, TNR 10, 1 spaces, normal, 1 column]

Figures

- Photographs, drawings, diagrams and charts should be clear, easily legible and cited consecutively using Arabic numerals in the text (Figure 1, Figure 2...etc.). Please supply figures 1.5 to 2 times the size at which they will be finally reproduced. For line work, submit black-ink drawings of professional quality. Micrographs or other glossy photographs must be of the highest quality. Use standard symbols: ○, ●, ×, □, ■, △, ▲.
- If a figure comprises more than one glossy photograph, these should be marked A, B, C...etc. Figure legends should be marked clearly with their correspond letters. Legends should contain sufficient detail to permit figure interpretation without reference to the text. Scale markers should be indicated in the photographs. Color plates are also welcome. The choice of cover art illustration will be made by the Editor.
- Notify bellowing criteria:

- a. **Are all figures included in your submission as separate files or in a single PDF/Word document/LaTeX suite?**
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 - The editorial office cannot undertake preparation of manuscripts and illustrations not conforming to journal style.
 - Manuscripts of insufficient quality will be returned immediately without refereeing.
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 - In the event that full-page length is necessary for plates, captions will have to appear on adjacent pages.
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 - Use a scale bar to indicate magnifications and place in the lower right corner if possible.
 - Computer prepared photographic images must be at a minimum of 300 dpi at the final publication size. Lower resolution will result in pixilation and poor

quality images. These should be submitted as JPEG, TIFF or PPT files, but encapsulated postscript (EPS) format is also acceptable.

- Computer drawn figures are accepted provided they are of high quality. Please note that graphs produced by many statistic packages are rarely adequate. In particular, letter quality on axes and captions are often poor. Such figures should be exported into an accepted graphics package and lettering rendered using a text function.
- Authors should note that **.dot, .bmp, and .pat fills** should be avoided.
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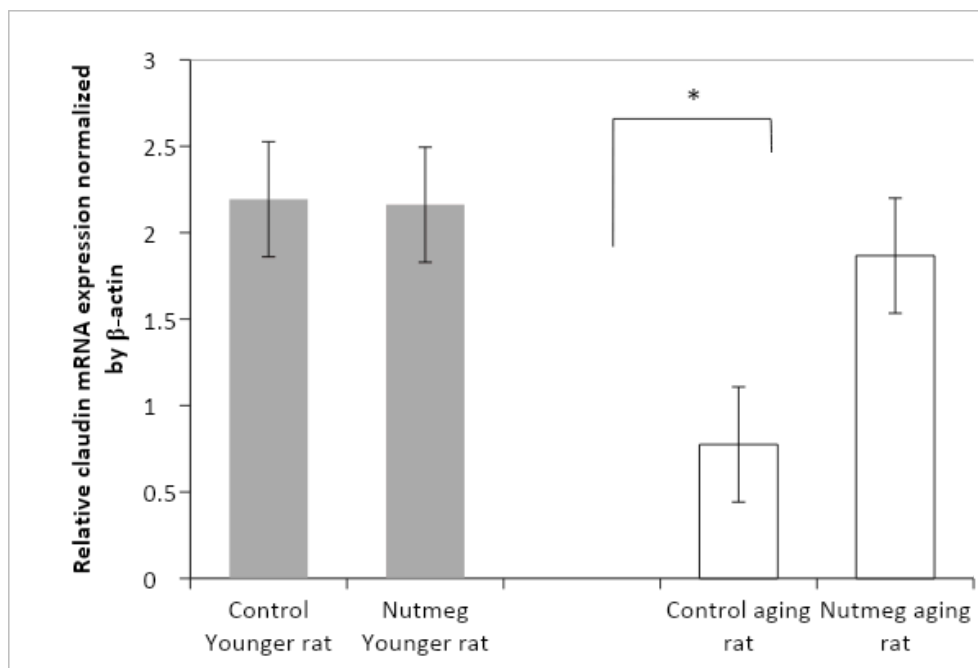


Figure 1. Example bar chart that showed the relative claudin mRNA expression normalized by β -actin. Grey-colored bar showed relative claudin mRNA expression

insignificantly between control and nutmeg in younger group. White-colored bar showed relative claudin mRNA expression significantly in nutmeg higher than the control within aging group. *Note: *significant at $p=0.00002$ by paired t-test.* -----

[Sentence case, Align justify, TNR 12, 1.5 spaces, normal, 1 column; If there is/are statement of note/symbols, the *italic* style is preferable]

Example of photograph (min. 300 dpi/clearly readable)

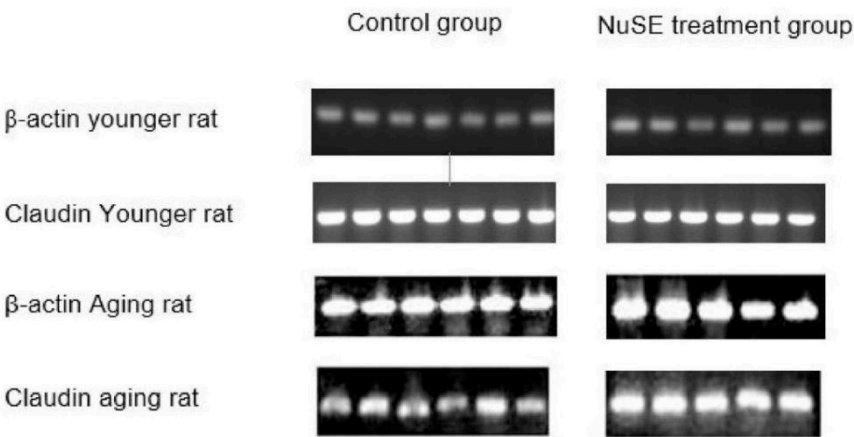


Figure 2. The results of mRNA gel electrophoresis regarding with the claudin expression ----- [Sentence case, Align center (short caption/title, TNR 12, 1.5 spaces, normal, 1 column; If there is/are statement of note/symbols, the *italic* style is preferable]

Example of one’s copyright works



Figure 3. Chest x-ray (*Permission of Bhargah et al., 2016*)⁶ ----- [Sentence case, align center (short caption/title, TNR 12, 1.5 spaces, normal, 1 column; the permission statement should be *italic*; citation number is written as superscript letter)]

CONCLUSION

[The HEADING line must begin with the words CONCLUSION boldfaced. UPPERCASE, Align left, TNR 12, 1.5 spaces, bold, 1 column]

This section should relate the summary of the topic described in this article. It should be concise and able to reflect the main point of the whole article.

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DISCLOSURES

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Funding

Provide statement regarding funding sources, grant or third-party support.

Conflict of Interest

Provide statement regarding possible relationships between author(s) and any organizations or person that could influence the objectivity during the study, interpreting the result as well as during the writing of the manuscript.

Author Contribution

Provide detailed contribution of each authors for example. AA and BB involved in concepting, designing and supervising the manuscript. CC and DD conduct the study. AA and CC analyses the data. All authors prepare the manuscript and agree for this final version of manuscript to be submitted to this journal.

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ACKNOWLEDGMENTS

– [The HEADING line must begin with the words ACKNOWLEDGMENTS boldfaced. UPPERCASE, Align left, TNR 12, 1.5 spaces, bold, 1 column]

This is a brief section crediting the people who contribute to the work but not qualified for authorship. Limits of 100 words.

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REFERENCES

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1. Pontén B. The fasciocutaneous flap: its use in soft tissue defects of the lower leg. *Br J Plast Surg*. 1981;34(2):215–20. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/7236984>
 2. 1. Tini K, Samatra IDPGP, Wiryadana KA, Supadmanaba IGP. Clinical Profile of Patients with Cerebrovascular Disease at Stroke Center , Sanglah Hospital Denpasar Bali. *Bali Med J*. 2020;9(1):129–36. Available from: <https://www.balimedicaljournal.org/index.php/bmj/article/view/1665>
- Vancouver Superscript style guideline. For ease of formatting we recommend the authors to utilize our CSL template.
<https://cs1.mendeley.com/styles/315880411/vancouver-superscript-IntisariSainsMedis>
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