Supplementary Online Content

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Supplementary References

Supplementary Results: Secondary outcomes

Dermoscopic evaluation

Hegde *et al*. found a decreasing trend in dermoscopic grading in platelet-rich plasma (PRP), triamcinolone acetonide (TrA) and placebo groups compared to baseline, though it was not statistically significant. There was no significant difference between PRP and TrA group, nor PRP and placebo group [1].

Trink *et al*. reported a decrease of dystrophic hairs in both PRP and TrA groups. Comparing PRP to TrA, PRP led to significantly better dermoscopy results ($p<0.001$) [2].

Fawzy *et al*. showed significant improvement in trichoscopic findings comparing the baseline and post-treatment parameters in both PRP and TrA groups regarding the number of follicular units per opening ($p = 0.027$, $p = 0.007$), black dots ($p = 0.007$, $p = 0.003$), broken hairs ($p = 0.046$, $p = 0.008$) and dystrophic changes ($p = 0.003$, $p = 0.014$). Exclamation marks and tapered hairs showed a significant improvement in PRP group ($p = 0.008$), but not in TrA group. The detection of teleangiectasiae was significantly higher in TrA group ($p = 0.007$) [3].

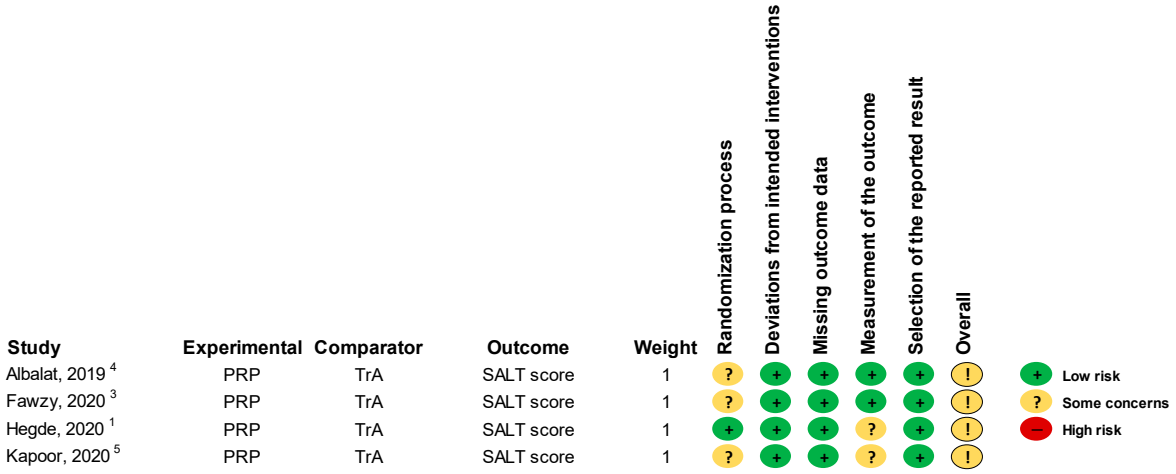
Ki-67 levels

Both PRP and TrA significantly increased the levels of Ki-67 in alopecia areata (AA) patches compared to placebo, and Ki-67 levels were significantly higher after PRP treatment compared to TrA ($p<0.05$) [2].

Burning/itching sensation related to AA

Trink *et al*. reported that both PRP and TrA decreased the itching/burning sensation of the patients enrolled ($p<0.001$) [2].

Figure S1: Risk of bias assessment of SALT score outcomes of the studies included in meta-analysis [1, 3-5], using the revised tool for assessing risk of bias in randomized trials (Rob 2)



PRP-platelet-rich plasma, TrA-triamcinolone acetonide, SALT score-Severity of Alopecia Tool Score

Figure S2: Risk of bias assessment of SALT score outcomes of the studies included in meta-analysis [1, 3-5], broken down to tools, shown in percentage

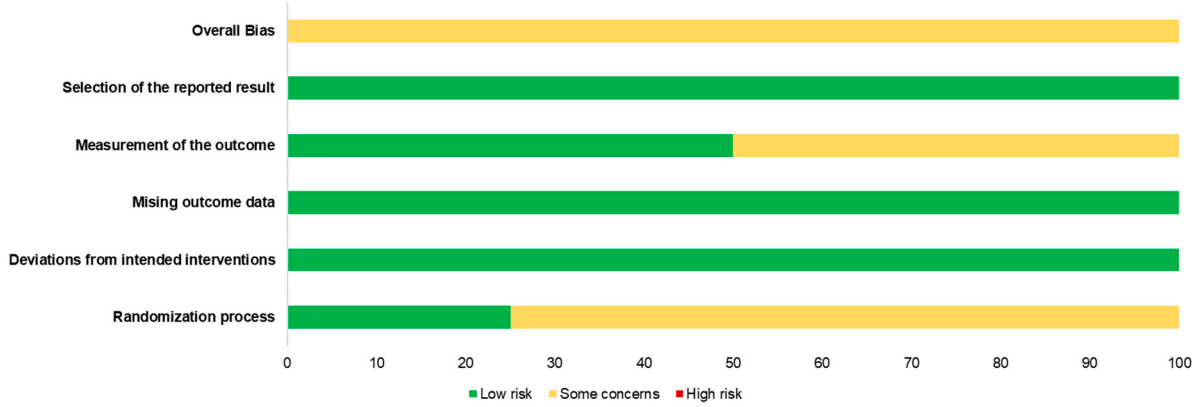
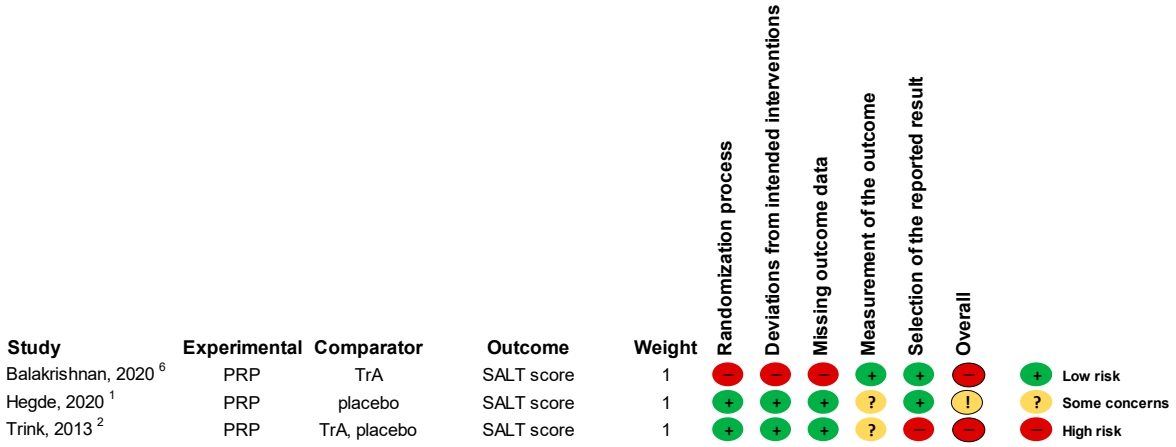


Figure S3: Risk of bias assessment of SALT score outcomes of the studies included in systematic review [1, 2, 6], using the revised tool for assessing risk of bias in randomized trials (Rob 2)



PRP-platelet-rich plasma, TrA-triamcinolone acetonide, SALT score-Severity of Alopecia Tool Score

Figure S4: Risk of bias assessment of SALT score outcomes of the studies included in systematic review, broken down to tools, shown in percentage

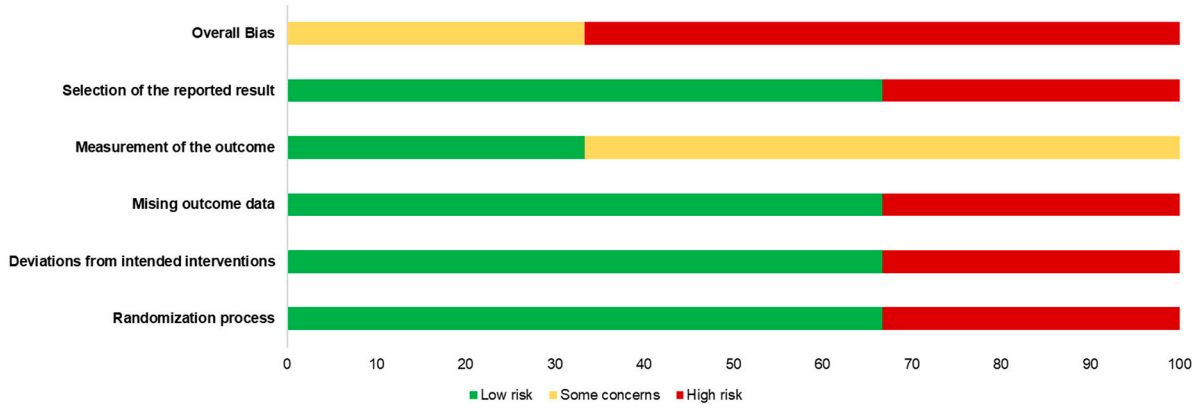
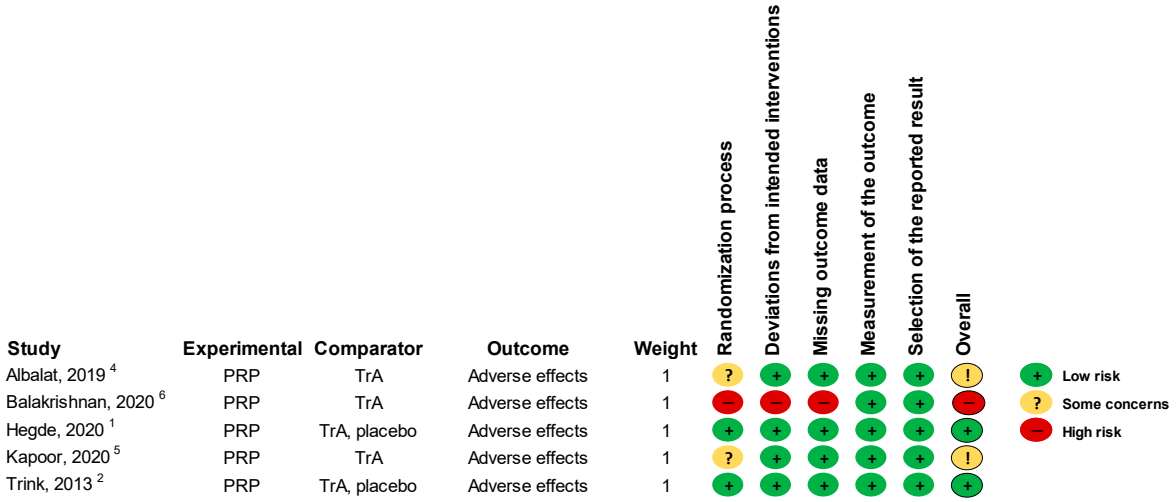


Figure S5: Risk of bias assessment of adverse effects outcomes of the studies included in systematic review [1, 2, 4-6], using the revised tool for assessing risk of bias in randomized trials (Rob 2)



PRP-platelet-rich plasma, TrA-triamcinolone acetonide

Figure S6: Risk of bias assessment of adverse effects outcomes of the studies included in systematic review [1, 2, 4-6], broken down to tools, shown in percentage

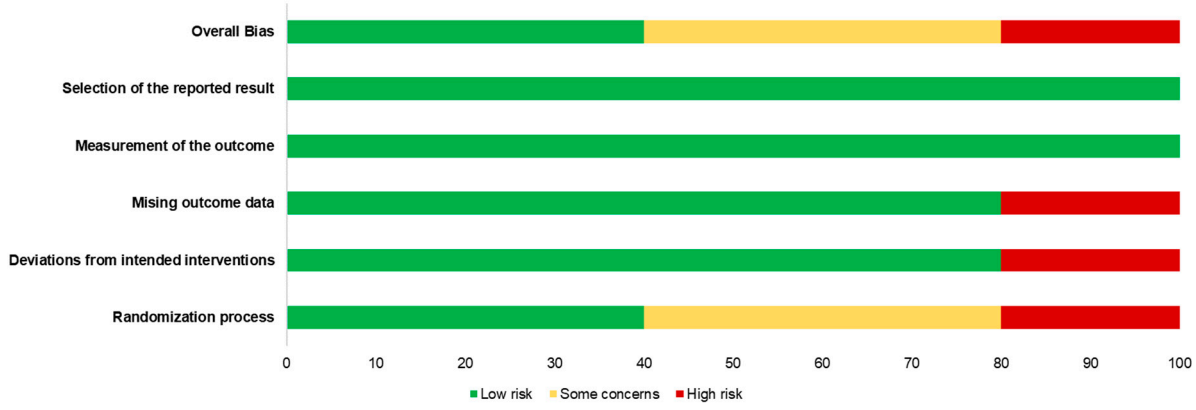
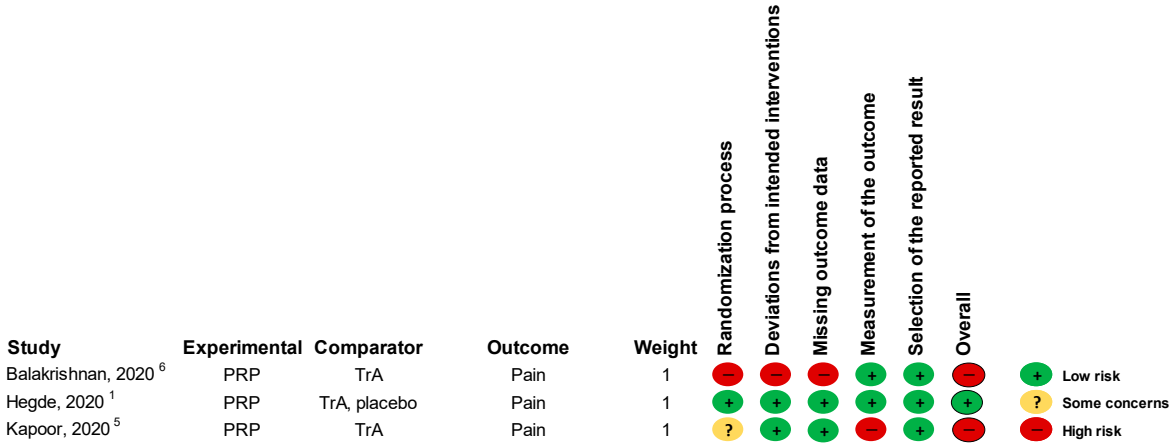


Figure S7: Risk of bias assessment of administration-related pain outcomes of the studies included in systematic review [1, 5, 6], using the revised tool for assessing risk of bias in randomized trials (Rob 2)



PRP-platelet-rich plasma, TrA-triamcinolone acetonide

Figure S8: Risk of bias assessment of administration-related pain outcomes of the studies included in systematic review [1, 5, 6], broken down to tools, shown in percentage

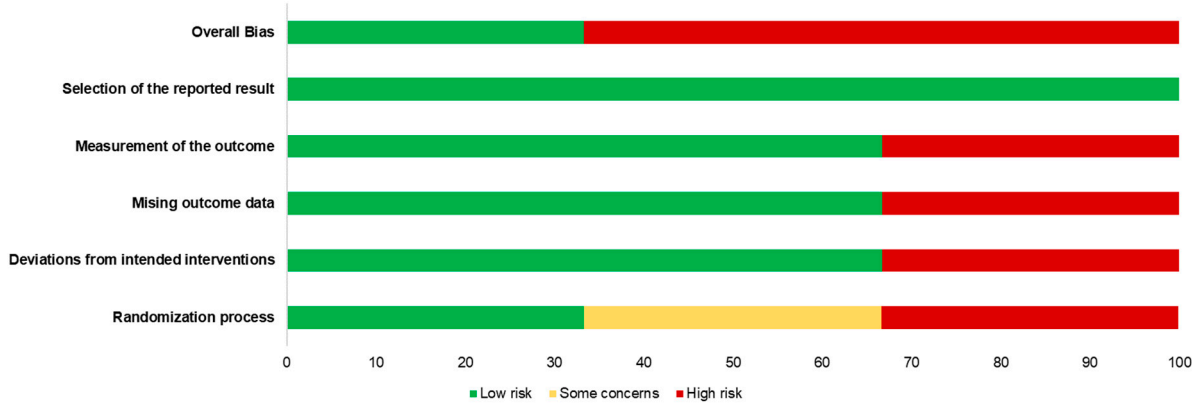
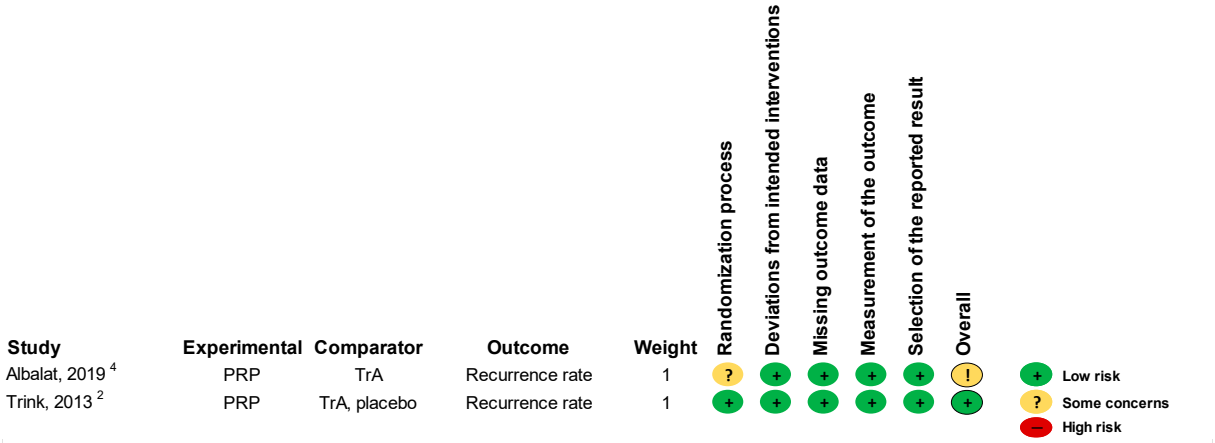


Figure S9: Risk of bias assessment of recurrence rate outcomes of the studies included in systematic review [2, 4], using the revised tool for assessing risk of bias in randomized trials (Rob 2)



PRP-platelet-rich plasma, TrA-triamcinolone acetonide

Figure S10: Risk of bias assessment of recurrence rate outcomes of the studies included in systematic review [2, 4], broken down to tools, shown in percentage

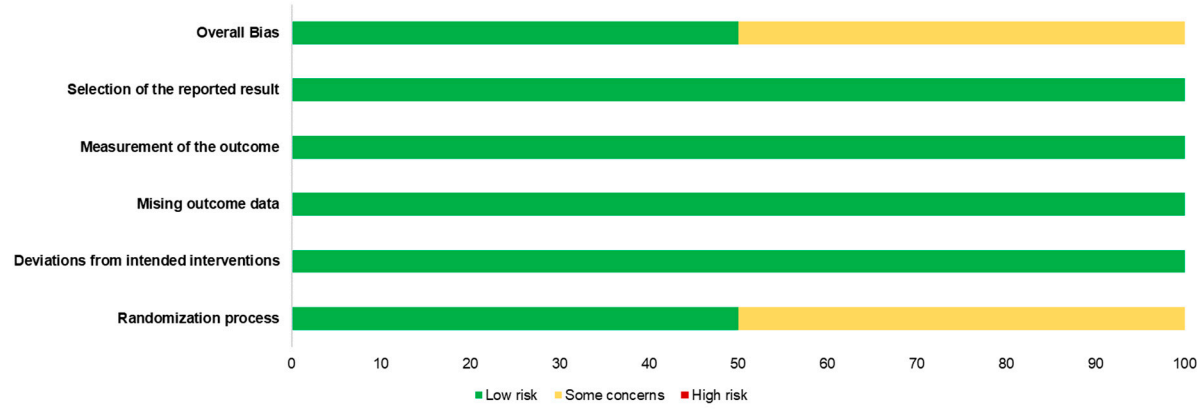
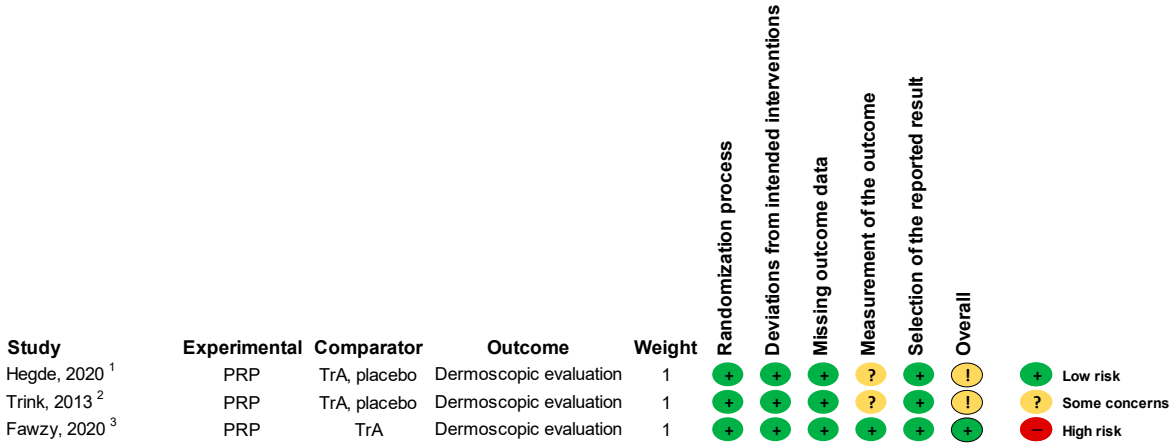


Figure S11: Risk of bias assessment of dermoscopic evaluation outcomes of the studies included in systematic review [1-3], using the revised tool for assessing risk of bias in randomized trials (Rob 2)



PRP-platelet-rich plasma, TrA-triamcinolone acetonide

Figure S12: Risk of bias assessment of dermoscopic evaluation outcomes of the studies included in systematic review [1-3], broken down to tools, shown in percentage

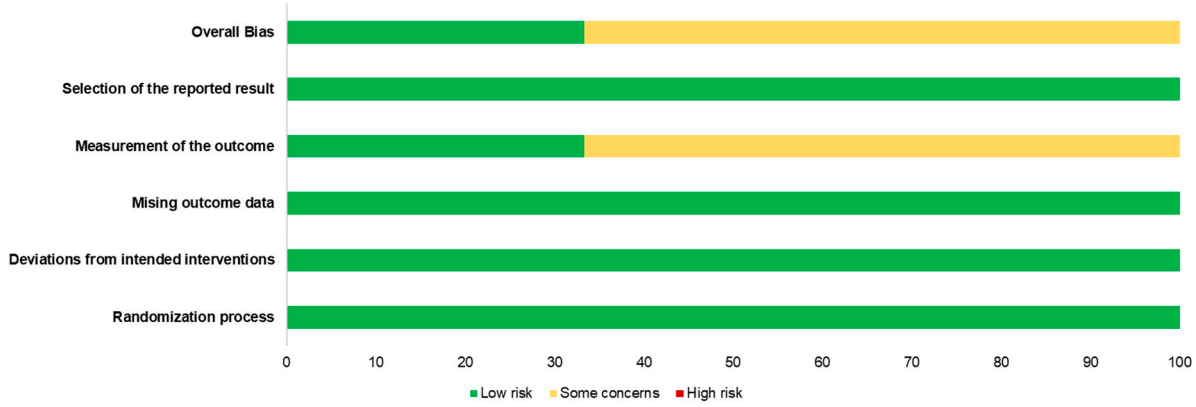
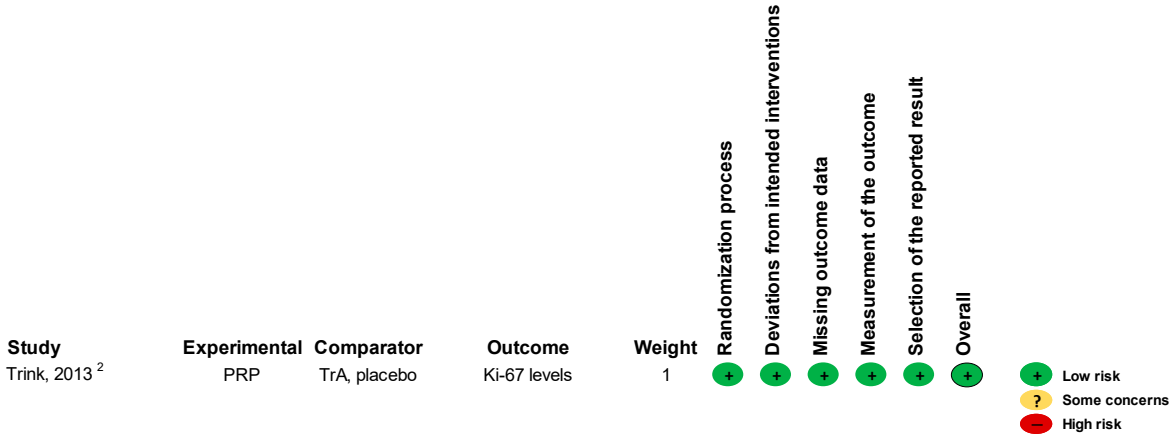


Figure S13: Risk of bias assessment of Ki-67 level outcomes of the studies included in systematic review [2], using the revised tool for assessing risk of bias in randomized trials (Rob 2)



PRP-platelet-rich plasma, TrA-triamcinolone acetonide

Figure S14: Risk of bias assessment of Ki-67 level outcomes of the studies included in systematic review [2], broken down to tools, shown in percentage

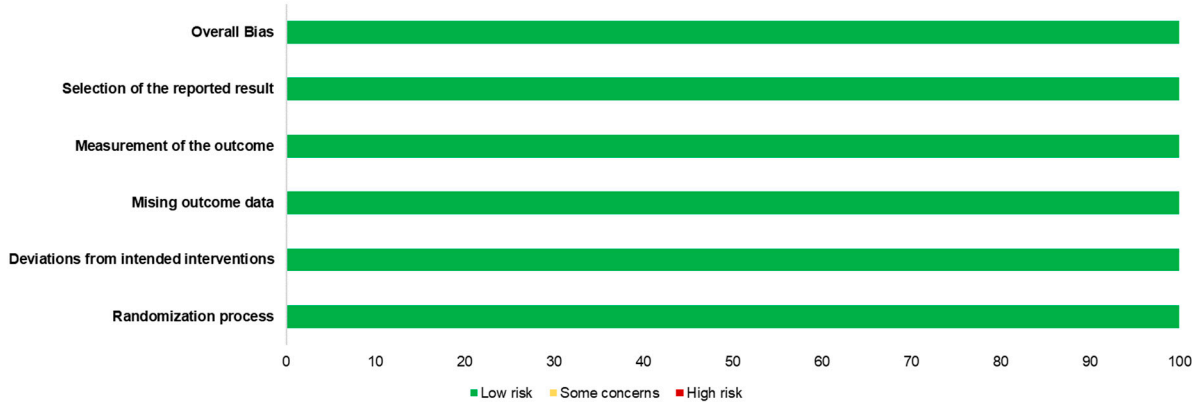
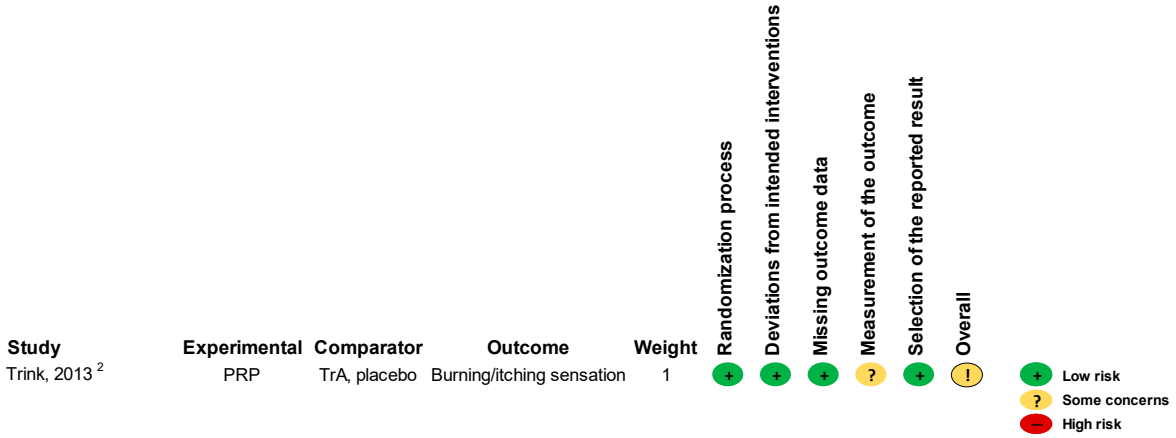
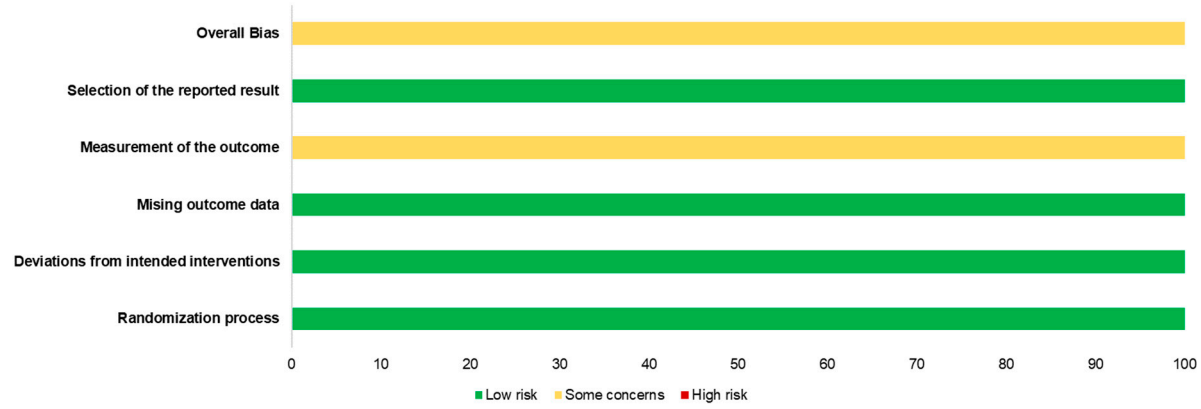


Figure S15: Risk of bias assessment of burning/itching sensation outcomes of the studies included in systematic review [2], using the revised tool for assessing risk of bias in randomized trials (Rob 2)



PRP-platelet-rich plasma, TrA-triamcinolone acetonide

Figure S16: Risk of bias assessment of burning/itching sensation outcomes of the studies included in systematic review [2], broken down to tools, shown in percentage



Supplementary References

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6. Balakrishnan, A., B. Joy, A. Thyvalappil, P. Mathew, A. Sreenivasan and R. Sridharan. A comparative study of therapeutic response to intralesional injections of platelet-rich plasma versus triamcinolone acetonide in alopecia areata. *INDIAN DERMATOLOGY ONLINE JOURNAL* **2020** *11*: 920-24.