

HAIR RESTORATION SURGERY REVIEW

E. ANTONIO MANGUBAT, M.D.

SEATTLE, WA

THE AMERICAN BOARD OF COSMETIC SURGERY REVIEW COURSE



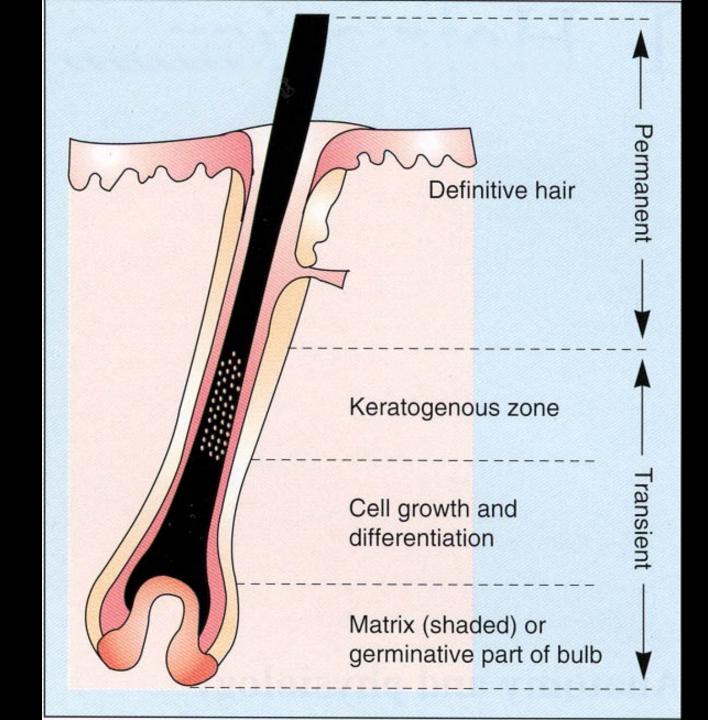
E. ANTONIO MANGUBAT, MD

• NONE FOR THIS LECTURE

mm 9 P 0 G 6 un 00 00 Θ 00 JP John misunderstood the ad and joined "The Hare Club for Men".



- NOT A REVIEW OF CURRENT STATE OF THE ART
- ANATOMY AND PHYSIOLOGY
- CLASSIFICATION OF BALDNESS
- MEDICAL THERAPY
- SURGICAL TECHNIQUE
- HAIR RESTORATION PROCEDURES
 - TRANSPLANTATION
 - SCALP FLAPS, LIFTS, & REDUCTIONS
- CASE REVIEW







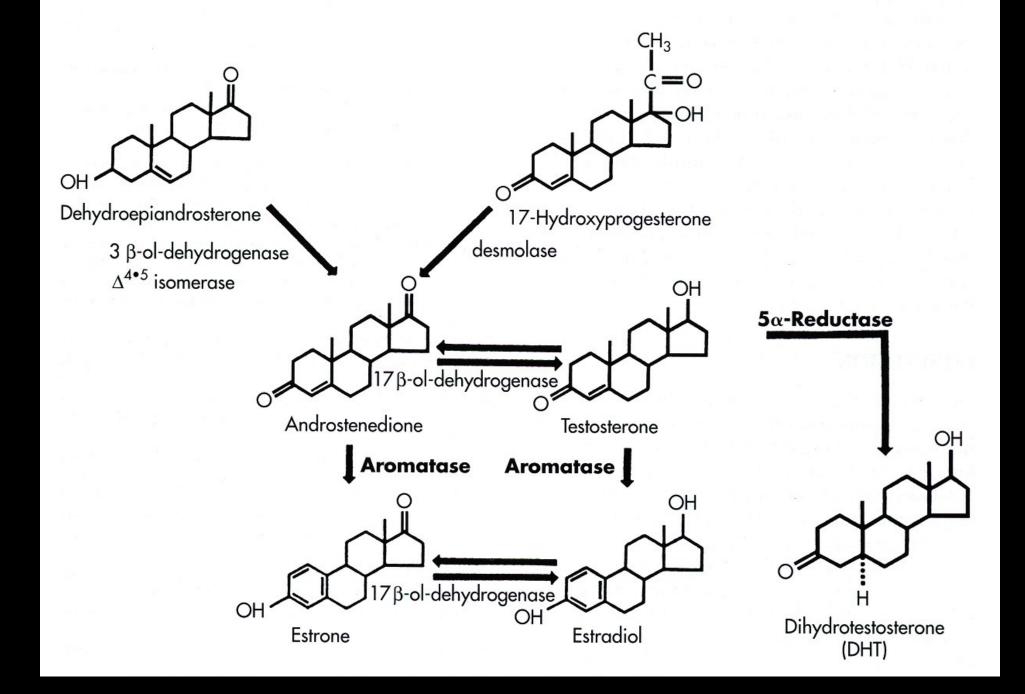
• 400 BC HIPPOCRATES NOTED:

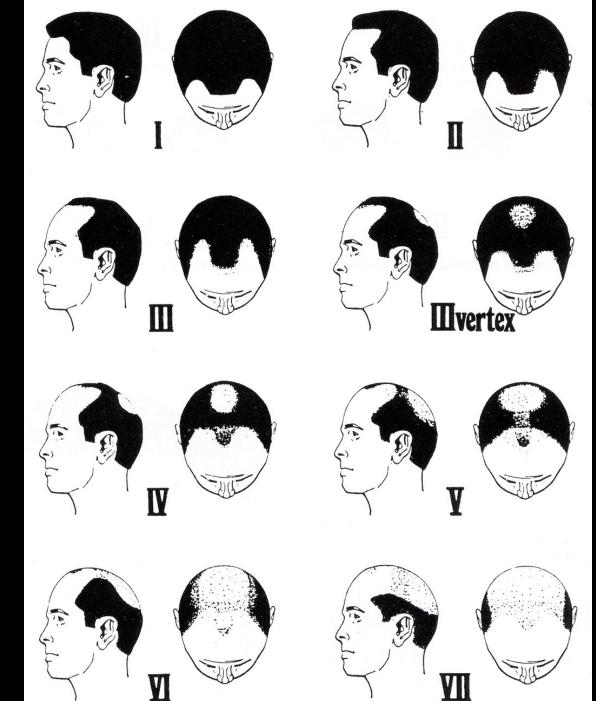
"EUNUCHS ARE NOT SUBJECT TO GOUT NOR DO THEY BECOME BALD"

- 1949 JAMES B. HAMILTON, ANATOMIST
 - CONFIRMED HIPPOCRATES
 - EUNUCHS + ANDROGEN = BALDNESS
 - LEVEL OF ANDROGEN \neq EXTENT OF BALDNESS
 - PRESENCE OF ANDROGEN CAN CAUSE MPB

PHYSIOLOGY OF HAIR LOSS

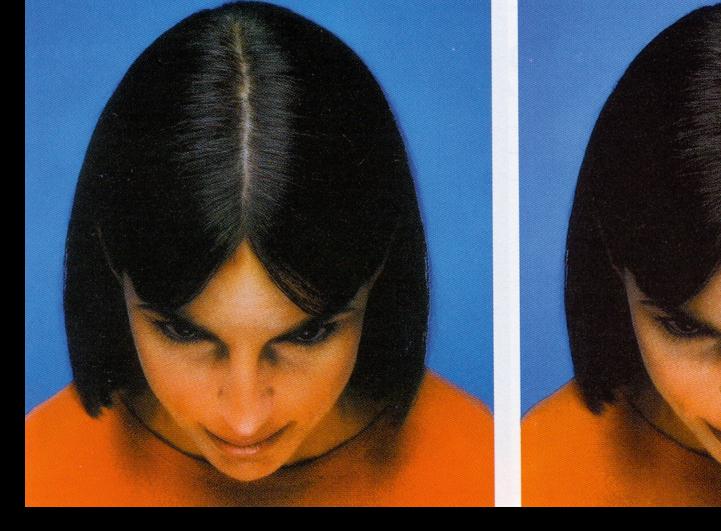
- MULTIFACTORIAL, POLYGENIC
- ANDROGENICALLY MEDIATED
- TESTOSTERONE $\xrightarrow{5-\alpha \text{ REDUCTASE}}$ DIHYDROTESTOSTERONE
- TESTOSTERONE => PUBIC, AXILLARY HAIR
- DHT => MPB, FACIAL HAIR
- PROGRESSIVE MINIATURIZATION OF FOLLICLE
- PROGRESSIVELY SHORTER ANAGEN PHASE (PERIODS OF GROWTH)





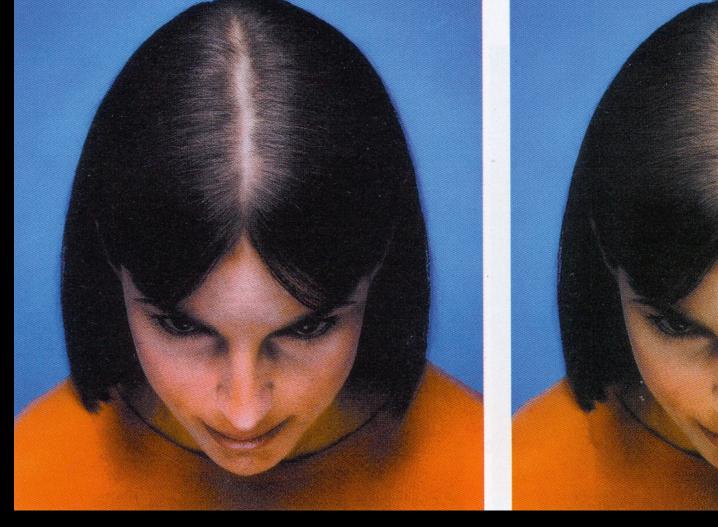
NORWOOD/HAMILTON CLASSIFICATION OF MALE BALDNESS

Ludwig Classification - Female Baldness



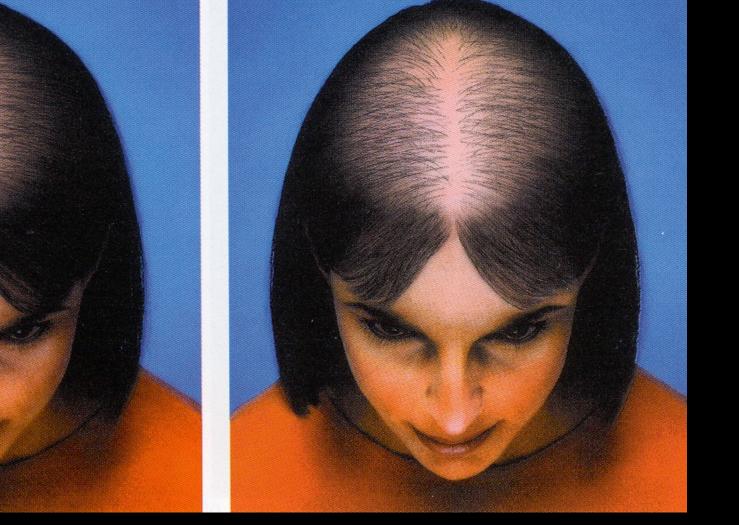
NORMAL & FINE HAIR

Ludwig Classification – Female Baldness





Ludwig Classification - Female Baldness



LUDWIG II

Ludwig Classification - Female Baldness



LUDWIG III

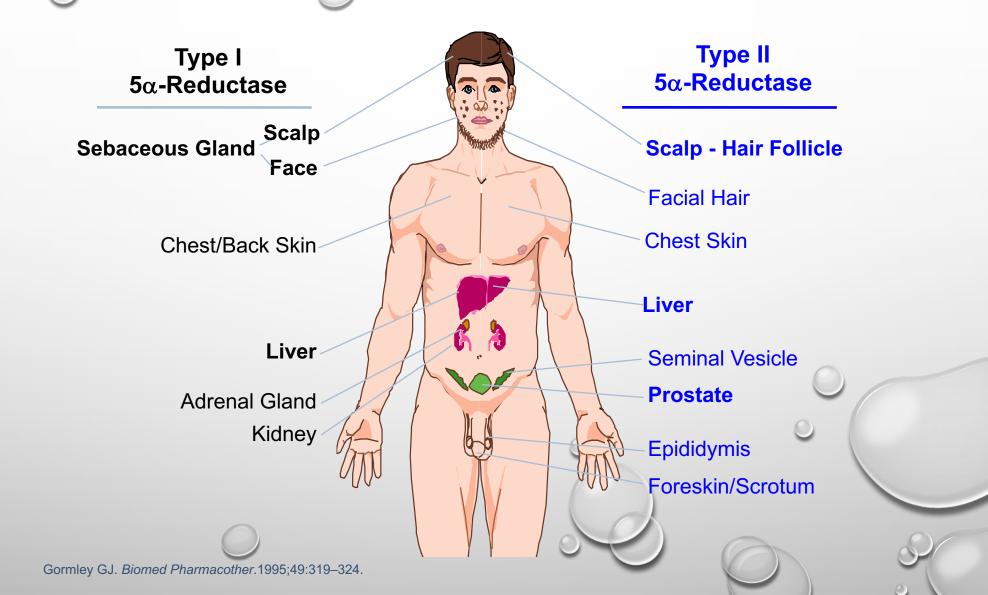
- ELIMINATE NEED FOR SURGERY
- CHANGE THE SUPPLY AND DEMAND EQUATION
- TOOL FOR THE HR SURGEON

- ROGAINE 2% AND 5%
- MECHANISM?
 - DIRECT EFFECT ON FOLLICLE
 - FOLLICLE DEPENDENT ON DRUG FOR GROWTH
 - OPENS K CHANNELS
 - PROLIFERATION/DIFFERENTIATION OF EPITHELIAL CELLS
 - VASODILITATION
- OTC & CHEAP \$10-\$15 FOR GENERIC

- FINASTERIDE (PROCEPIA, MERCK)
- TYPE II 5 $\alpha\text{-}\mathsf{REDUCTASE}$ COMPETITIVE INHIBITOR OF TESTOSTERONE
- 65% REDUCTION OF DHT IN 24 HRS
- SMALL AMOUNTS IN SEMEN, SAFE
- SUBJECTIVE RESULTS IN 18-41 YO MEN
 - 30% OF CONTROLS FELT THEY HAD MORE HAIR
 - 50% OF FINASTERIDE TAKERS FELT THEY HAD MORE HAIR

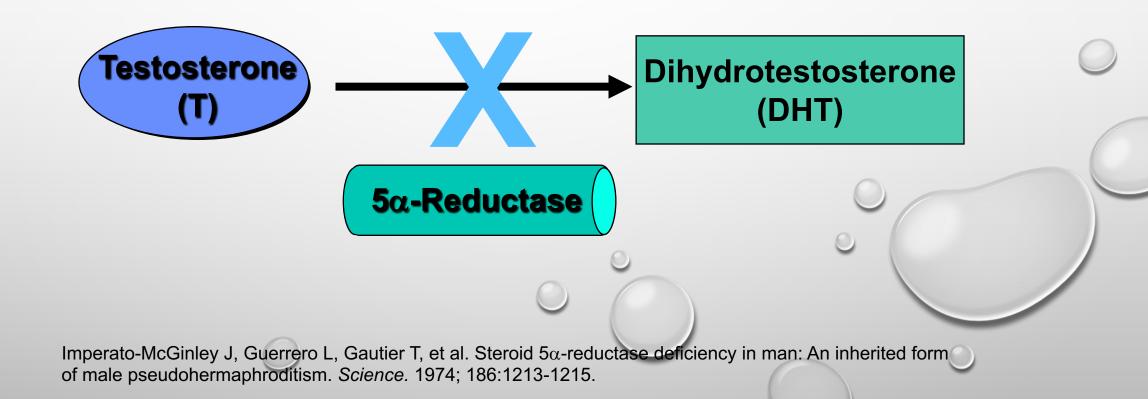
- DUTASTERIDE (AVODART) GLAXOWELLCOME
- SIMILAR STRUCTURE TO FINASTERIDE
- INHIBITS BOTH TYPE I & II 5 $\alpha\text{-REDUCTASE}$ ISOENZYMES
- > 90% DHT REDUCTION IN 24 HRS

5α-REDUCTASE ISOENZYME ACTIVITY IN ADULT HUMAN TISSUES

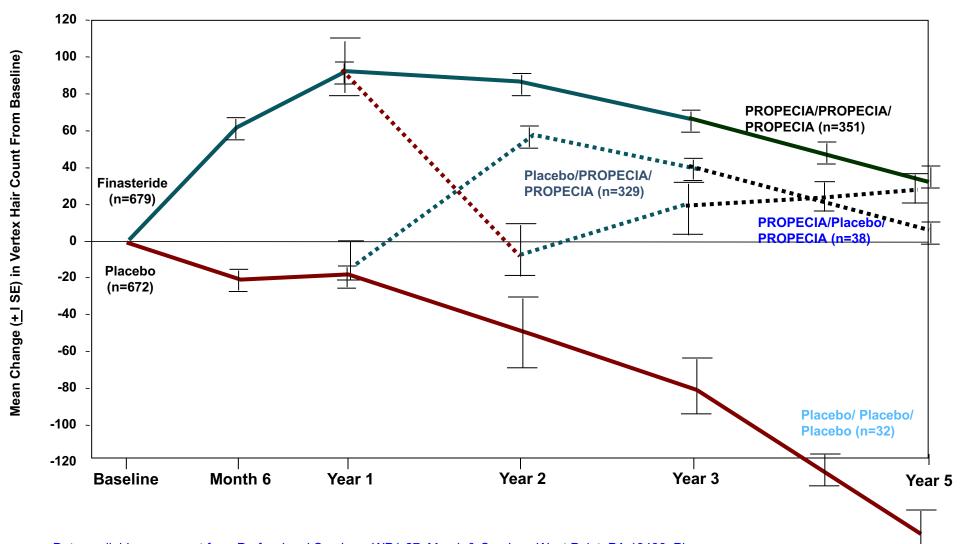


5α -REDUCTASE

Genetic Deficiency



MEAN CHANGE HAIR COUNT OVER 5 YEARS*



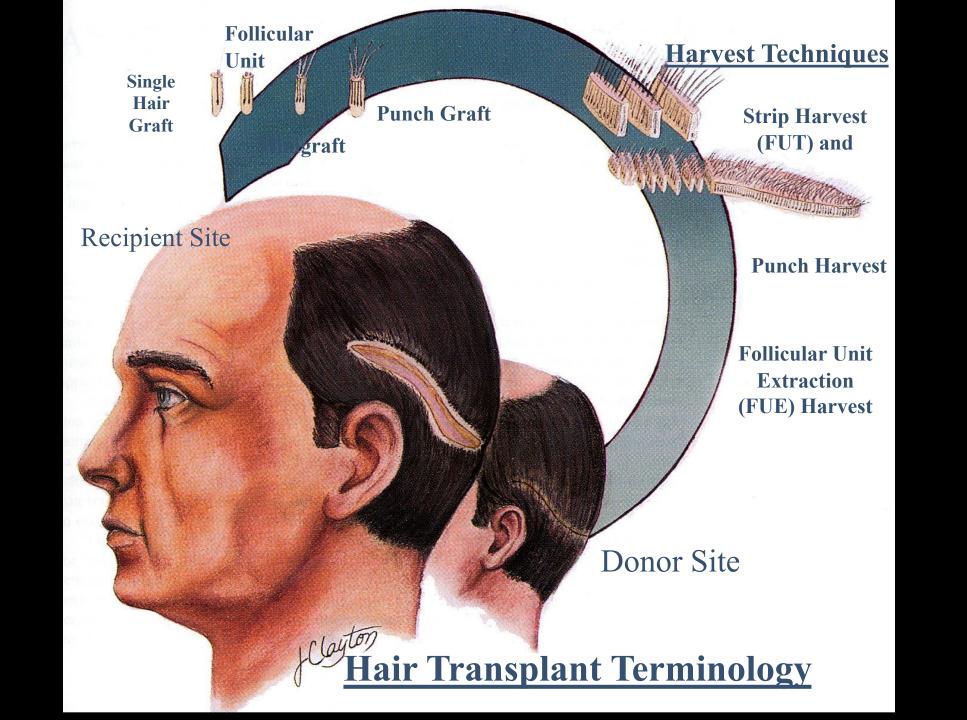
Data available on request from Professional Services, WP1-27, Merck & Co., Inc., West Point, PA 19486. Please specify information package DA-PRP9(1).

PRESCRIBING FINASTERIDE 1 MG

- FINASTERIDE IS FOR USE IN MEN ONLY
- FINASTERIDE IS NOT INDICATED IN WOMEN OR CHILDREN
- FINASTERIDE IS <u>CONTRAINDICATED</u> IN WOMEN WHO ARE OR MAY POTENTIALLY BE PREGNANT
- WOMEN SHOULD <u>NOT</u> HANDLE CRUSHED OR BROKEN FINASTERIDE TABLETS WHEN THEY ARE OR MAY POTENTIALLY BE PREGNANT

HAIR RESTORATION SURGERY HAIR TRANSPLANTION

- ROTATION OF INVENTORY
- NOT CREATING MORE HAIR







HAIR TRANSPLANT 360 for Physicians



SAMUEL M LAM

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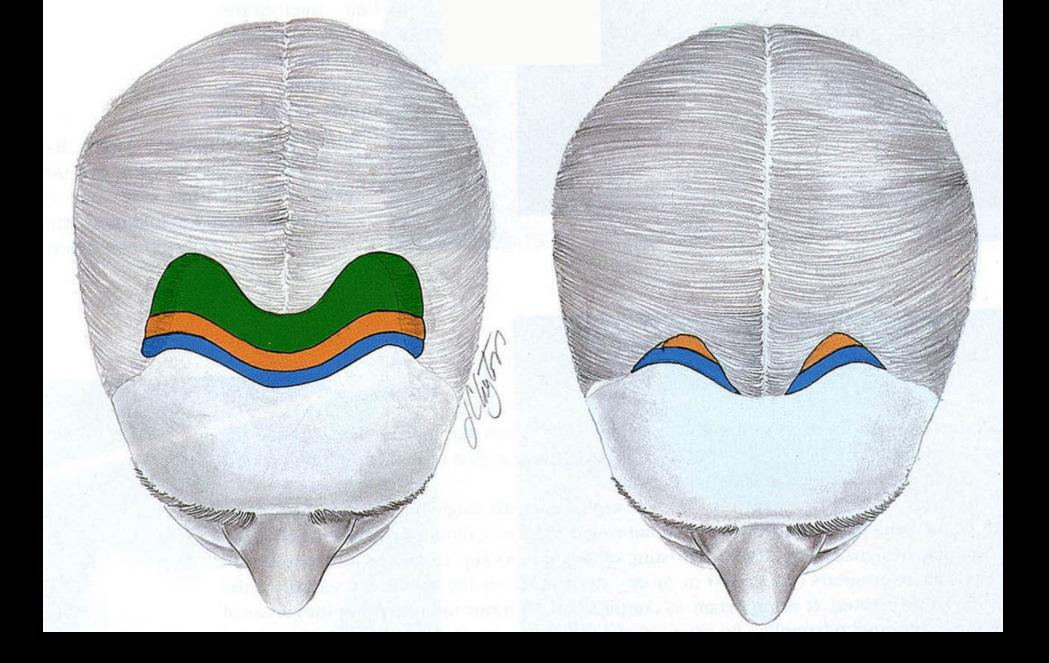
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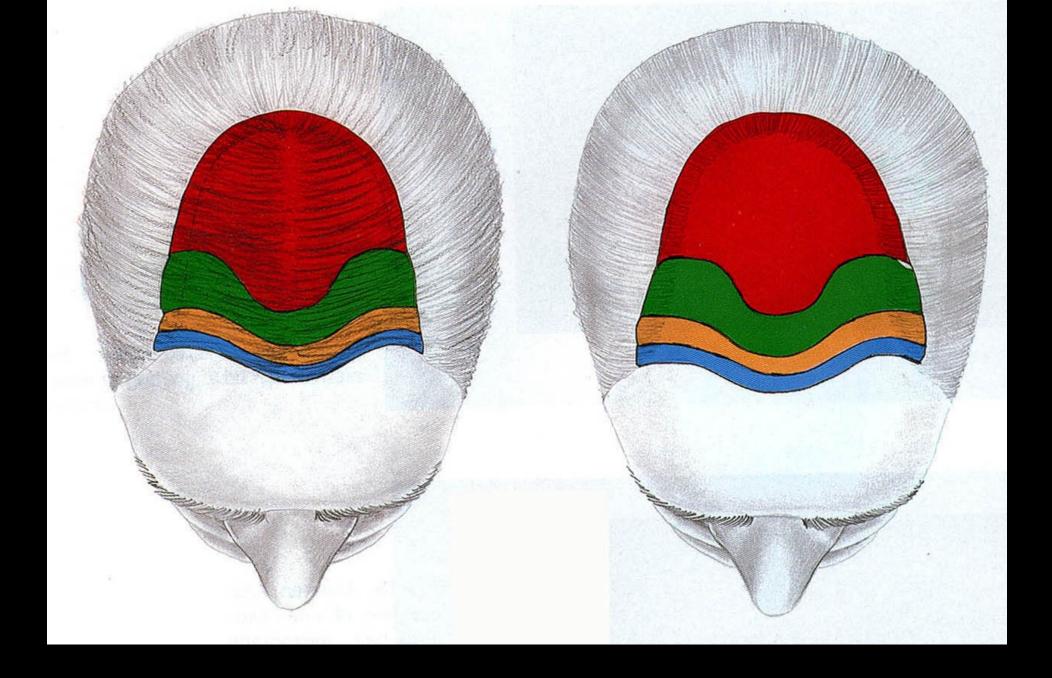
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HAIR RESTORATION SURGERY HAIR TRANSPLANTION PLANNING

- DONOR AMOUNT
- RECIPIENT NEEDS
- HAIRLINE DESIGN
- SURGICAL PLAN
- GRADIENT DENSITY TRANSITION ZONE

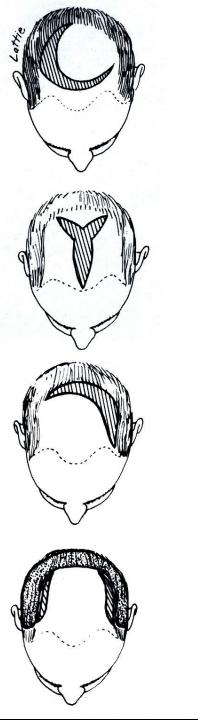




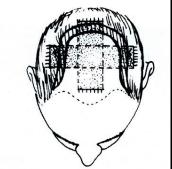
HAIR RESTORATION SURGERY SCALP REDUCTION

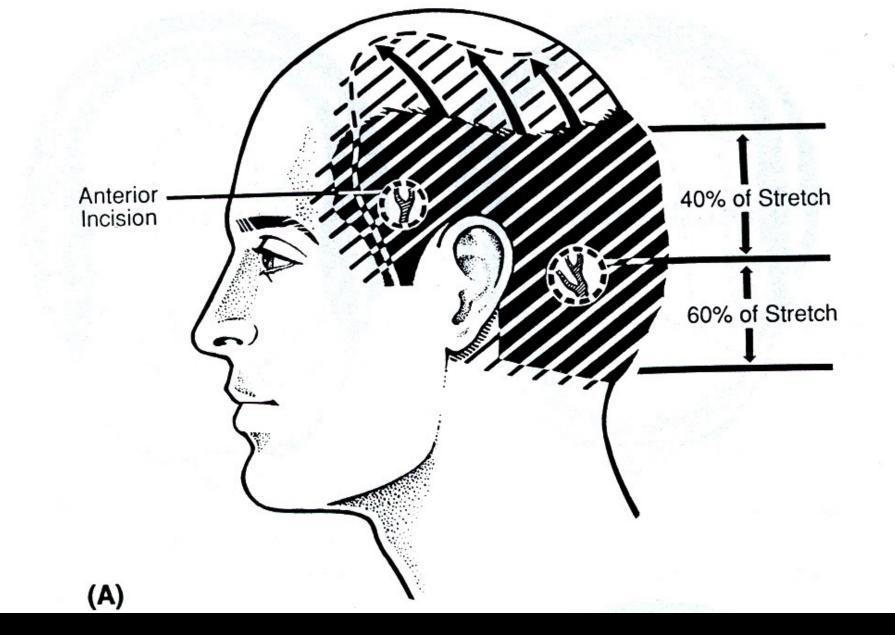
- GOAL = ALOPECIA REDUCTION
- CONTINUED HAIR LOSS WITH AGE
- POTENTIAL FOR SCARRING
- PLANNING IS CRITICAL
- PROCEDURES
 - SCALP REDUCTION
 - SCALP LIFTING
 - SCALP EXTENDER

SCALP REDUCTION

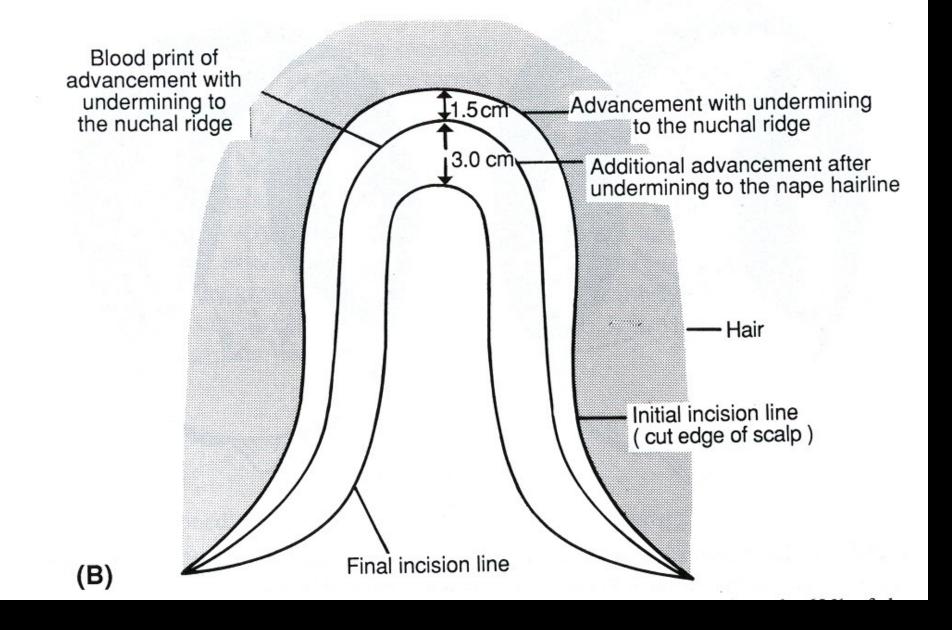








EXTENSIVE SCALP LIFT



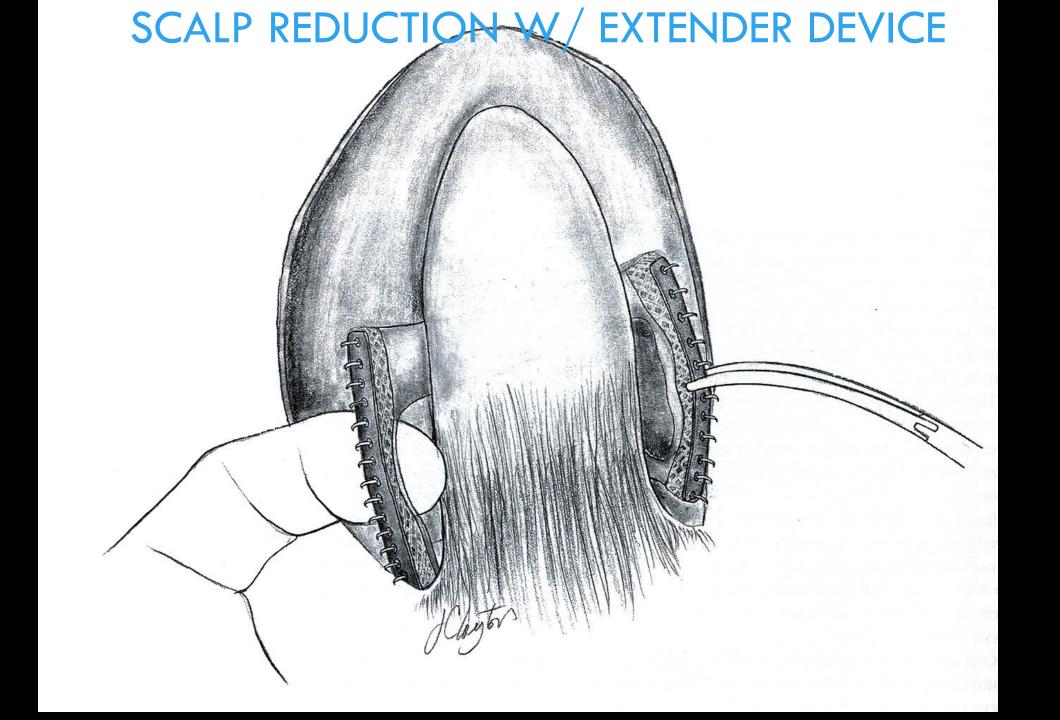
Extensive Scalp Lift







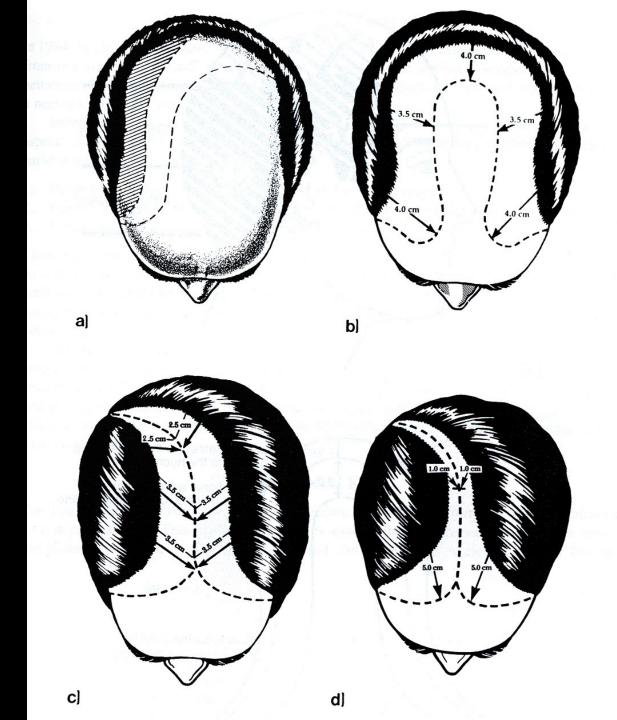


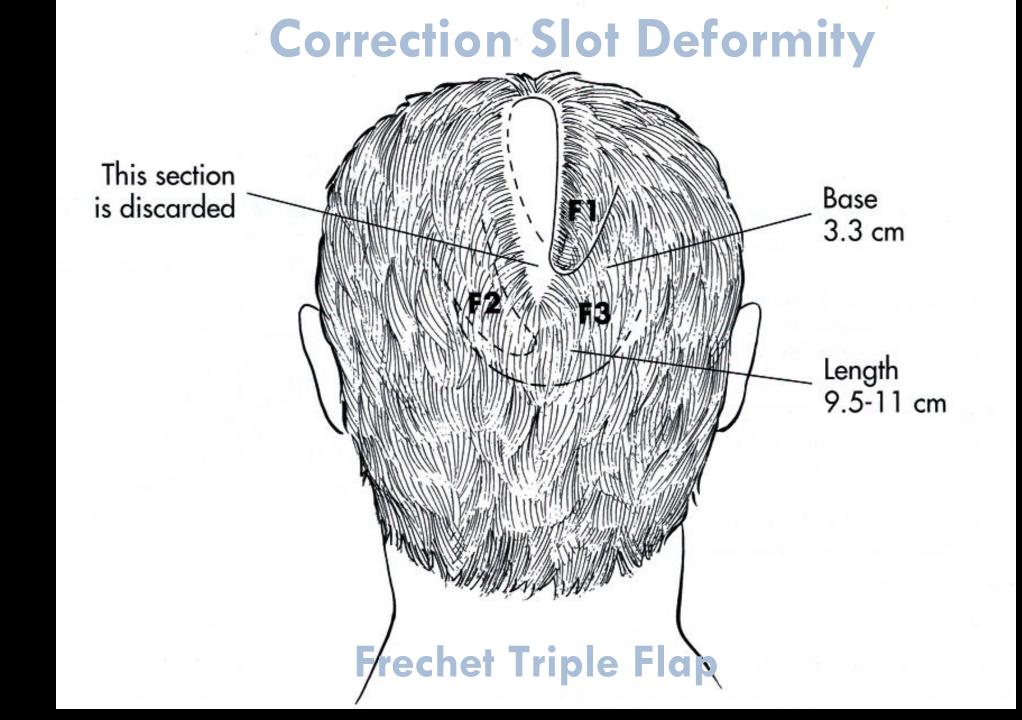


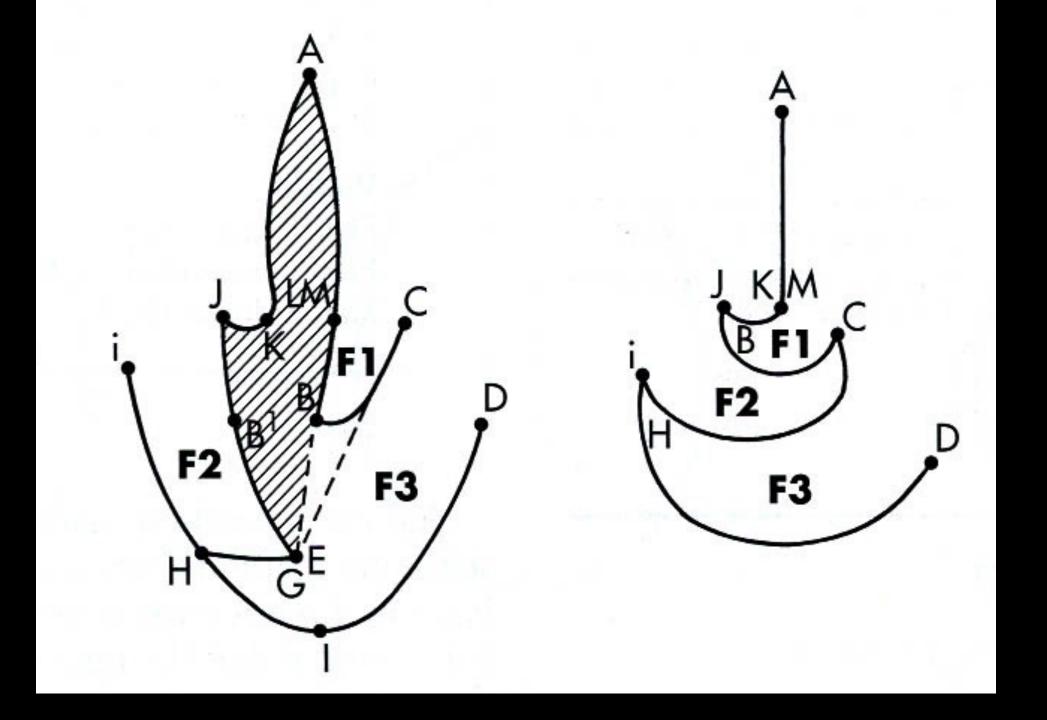


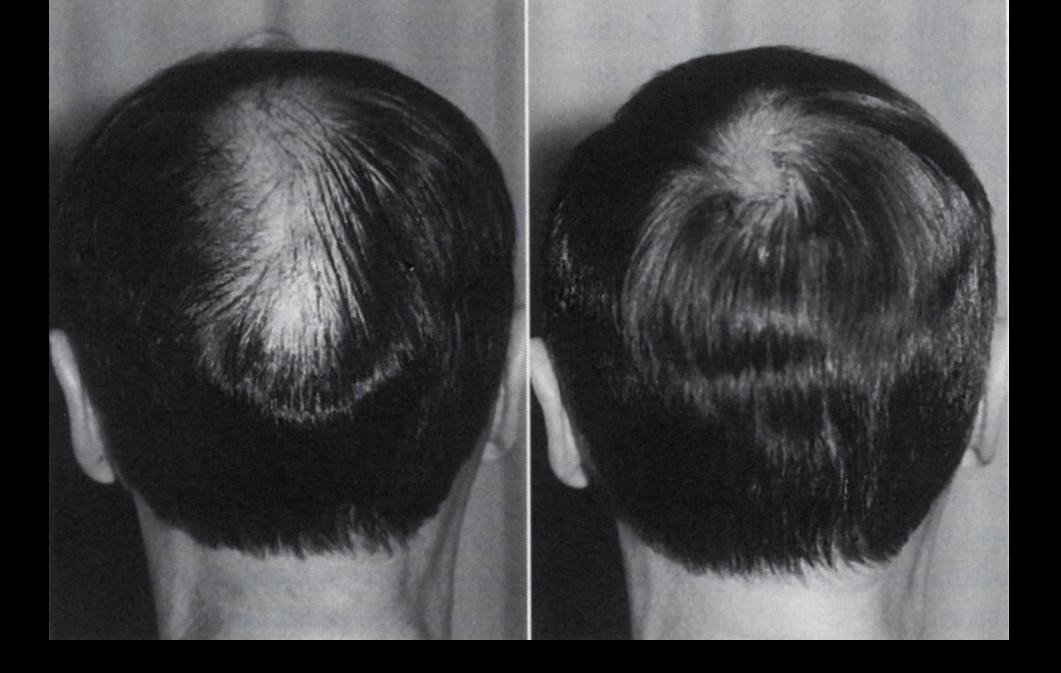
HAIR RESTORATION SURGERY SCALP FLAPS

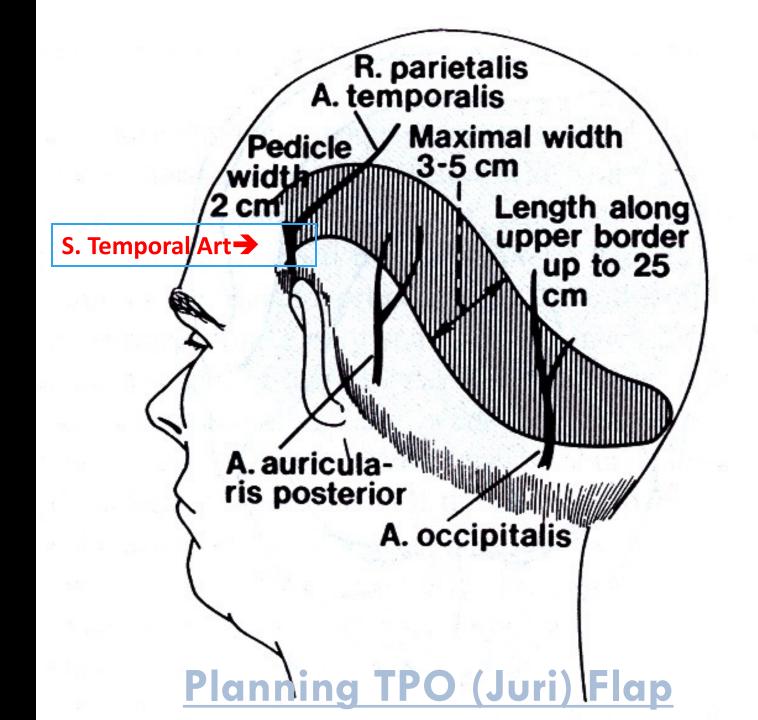
- GOAL = ROTATION OF INVENTORY
- CONTINUED HAIR LOSS WITH AGE
- POTENTIAL FOR SCARRING
- PLANNING IS CRITICAL
- PROCEDURES
 - FRECHET TRIPLE FLAP
 - TPO, JURI, PEDICLE FLAPS
 - SCALP EXPANDERS















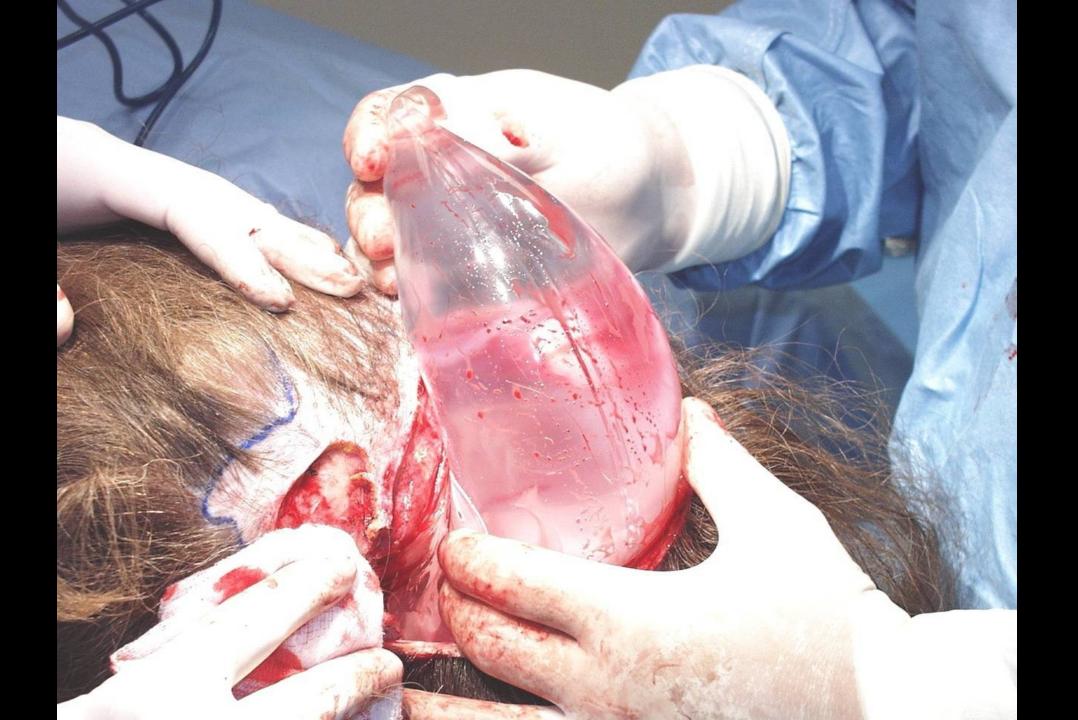




SCALP TISSUE EXPANSION













HAIR RESTORATION SURGERY SPECIAL CONSIDERATIONS













Trichotillomania

DIFFICULT CASE NEEDING ALL HRS TECHNIQUES

- 45 YO MAN
- ANTERIOR AND POSTERIOR TPO FLAPS 20 YEARS AGO
- SUBSEQUENT MASSIVE HAIR LOSS
- MULTISTAGE PROCEDURE FOR CORRECTION









- BROW LIFT TO EXCISE $\frac{1}{2}$ OF ANTERIOR TPO FLAP
- TRANSPLANT EXCISED HAIR POSTERIORLY





- + FLAP ADVANCEMENT TO EXCISE LAST $\frac{1}{2}$ OF ANTERIOR FLAP
- Z TRANSPOSITION TO CORRECT BLUNTED TEMPORAL ANGLE
- TRANSPLANT EXCISED FLAP HAIR







- EXTENSIVE SCALP LIFT
 - REPAIR L TPO DONOR SCAR
 - EXCISE POSTERIOR FLAP
- TRANSPLANT POSTERIOR TPO FLAP HAIR







































- FORTUNATELY MOST OF THESE OLD PROBLEMS ARE RARE TODAY
- THE OLD TECHNIQUES THAT CREATED THESE PROBLEMS ARE
 USEFUL IN RECONSTRUCTION
- PROMOTE AWARENESS THAT THESE OPTIONS EXIST FOR THE
 NEXT PATIENT IN NEED

HAIR RESTORATION SURGERY

- PATIENT SELECTION IS KEY TO SUCCESS
- MOST COMPLICATIONS ARE COSMETIC
- TERMINOLOGY
- SURGICAL PLANNING
- HAIR TRANSPLANTATION
- SCALP REDUCTION
- SCALP FLAPS
- SPECIAL PROBLEMS PREVENTING HRS



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THANK YOU