

Trichophytic Closure of the Donor Area

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With due care and attention to closing the edges of the donor wound accurately, we usually end up with a fine linear scar 1–2mm in width. Sometimes it is a little larger and rarely, when there is a connective tissue disorder or the edges are closed roughly and with too much tension, it is much larger. Today's patients' expectations as well as short hair fashions are driving us to produce scars that are as invisible as possible. There is less potential benefit of follicular unit extraction (FUE) if we can consistently produce scars that are not visible, even with short hair.

Trichophytic donor closure is a neat and easy way of improving our donor scars. It is a technique borrowed from the days of transposition flap hairlines where the front 1–2mm of the flap was de-epithelialised so a few hairs would grow up through the ensuing scar (Figure 1). At the 1999 ISHRS Annual Meeting in San Francisco, our Australian colleague Dr. Simon Rosenbaum presented a technique of closing the donor wound where the tip of the upper edge was cut off before closure (i.e., a trichophytic closure as in the flap hairline). Having used this technique frequently since then, and almost exclusively during the past four years, I have witnessed a consistent improvement in my scars.

You may have noticed in closing so many donor areas that the upper or superior edge is an acute angle, while the lower or inferior edge is an obtuse angle, when the incisions are made parallel to the hair shafts. It is easy, therefore, just to snip off one or two millimeters of that top edge, thereby de-epithelialising one or two follicular units (Figure 2). When the edges are closed, some burying of these de-epithelialised units happens, but I have found that their complete burial is not necessary to produce our "invisible scar."



Figure 2. Top edge being trimmed off, de-epithelialising 1–2 follicular units.

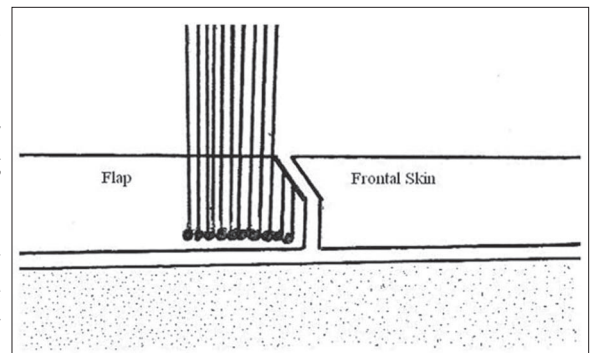


Figure 1. Trichophytic front hairline of transposition flap.

Two beneficial aspects seem to occur in the healing process. First, some of these de-epithelialised follicular units will grow up through the ensuing scar, dispersing its linearity. Second, these follicular units, and maybe a few more around them, grow out at a steeper angle across the scar, again aiding its camouflage.

To try to compare apples with apples, I conducted a trial early last year where 26 consecutive patients had one side closed trichophytically (i.e., with the top edge removed) and the other side closed non-trichophytically (i.e., with the top edge left intact) (see Table 1). My practice is ideally suited to this type of trial as all donor strips are removed in two pieces, one early in the morning and one a few hours later. After 13 cases, the study sides were switched.

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