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Hair Transplantation in Women and Transgender Patients—General Rules and a Case Report

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ABSTRACT

About 15% of all hair transplant procedures are done on women, mostly using FUT (strip harvesting, microscopic dissection). Due to special anatomical conditions, not all women are candidates for hair transplantation. If the donor hair is sufficient, surgery is indicated in medium-stage and frontally accentuated androgenetic alopecia, in non-active cicatricial alopecia, and to correct a high or recessive frontal hairline. Many male-to-female transgender patients are good candidates for hair transplant surgery, and a typical case is described below. A minimally traumatic surgical technique and an experienced surgical team are crucial for a natural-looking result.

INTRODUCTION

Hair transplantation patients are mostly male; however, the percentage of female patients in our practices has increased from about 10% in the 1980s to around 15% today.

What are the reasons? Techniques have improved; the procedure is now microsurgical and less traumatic to pre-existing hair.^{1,2} FUT donor scars have become almost undetectable and the results are more natural. This results in fewer complications and a shorter downtime making patients more willing to undergo surgery. In addition, hair transplantation has become publicly accepted with celebrities and athletes as role models.

Despite better techniques, hair surgery in women is still challenging. It is important for physicians, especially beginners, to be aware of special circumstances in women, such as the following:

- The tissue is finer, softer, and more vulnerable, thus it must be handled with greater care. There is more fat between hair follicles. They are often shorter and finer, which should be taken into account during dissection and recipient site creation.
- Hair shafts are often short and fragile. Careful microscopic dissection is crucial.
- FUT is the method of choice for most women who need larger graft numbers and do not want to trim their donor hair for FUE.
- The female hairline differs greatly due to the female facial proportions.
- Pre-existing hair is often present and may undergo temporary shock-loss or even be traumatized during the surgery. Two limited sessions may be better than one large session.
- Detectable improvements are harder to achieve than in patients with bald areas.

INDICATIONS AND CONTRAINDICATIONS FOR SURGERY

Androgenetic alopecia/female pattern hair loss

A diffuse thinning in the crown and vertex region is typical. However, some women also experience extensive thinning on the side, a receding hairline, and a frontal accentuation with a Christmas-tree pattern widening of the central part.

Hair transplantation is indicated if gaps (missing follicular units) or 1-hair follicular units are present in the thinning areas and relatively thicker and denser hair with multiple hairs per follicular unit is present in the donor area.



Celebrating
25 years!

MEETING
HIGHLIGHTS

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