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forum

Reflections on the 6th Annual ISHRS Meeting

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This year 40 years will have passed since Norman Orentreich published his memorable paper, which is the cornerstone of modern hair transplantology. At the same time only two years separate us from the beginning of the new millennium. Will it bring the solution to alopecia treatment? Which direction will the search for an effective treatment of hair loss follow? Or perhaps hair on the head will lose its importance? Perhaps it will be regarded as redundant? Perhaps a change in fashion will occur?

These considerations found their reflection in the 6th Annual Meeting of ISHRS in Washington DC, in September last year. The participants focused their attention on several basic themes. Should skin for transplants be harvested in one ellipse, or rather should the multi-bladed technique be applied? Is loupe magnification sufficient for transplant cutting or should the microscope be the standard? What is the best method to place hair grafts: by making slit incisions using laser, by the Rassman carousel automated implanter, or by the Markman method?

Having attended scientific sessions as well as live surgery workshops I feel entitled to present several personal reflections. The issue of threat resulting from current trends in fashion and from application of new and more effective drugs, as mentioned by Russell Knudsen, is worth discussing. As we remember, the release of Minoxidil did not bring about diminished interest in surgical treatment. Therefore, we should not fear that finasteride, so much in vogue at present, might deprive us of our patients. As Knudsen

rightly observed, it will be for the doctors to decide whether to apply this therapy. In my opinion, patients who opt for surgical treatment choose it because they value the permanent effect, without the need for constant medication. Also, a mere mention of a possibility of reducing potency is for most men sufficient enough to ignore finasteride. As doctors, we cannot underestimate potential future consequences of hormone-modulating drug use, despite claims of its absolute safety. In the history of medicine there have been many "absolutely safe" drugs with observed after-effects many, many years later. We cannot keep these doubts from our patients, because it is we, the doctors, and not the drug manufacturers, who are ultimately responsible for prescribing it to our patients.

As for the close-crop fashion: it is mostly followed by young people who often are not completely emotionally mature. They constitute a patient group for whom it is advisable not to perform surgical procedures. This group is most likely to yield so-called "troublesome" patients, not satisfied with the final result. Why not let them then cut their hair short and be happy that they do not request surgery. When they "grow up" they will most likely let their hair grow a bit longer, and then seeing progressing baldness, will turn to us for help.

As for graft harvesting, it is my opinion that first and foremost it should be done well. The multiblade technique not only makes work easier for the technician, but it often carries with it follicular damage. If we employ well-trained technicians, they will be able to deal with multiple

strips of scalp as well as with a single ellipse.

After three days of the conference it seemed that using the microscope for graft cutting is becoming a generally accepted standard. However, the Sunday morning session, perhaps the most stimulating in the entire meeting, significantly shook this notion. It appears that in the material rejected during graft cutting, there are follicles in the telogen stage. Isn't it possible that excessive precision in cutting might be disadvantageous? Most likely, a well-trained technician

continued on page 4

— CONTENTS —

President's Message	2
1998-1999 ISHRS Committees	5
Editors' Message	6
Notes From the Editor Emeritus	7
Call For Abstracts	8
A Tribute to Richard Shiell	11
Letters to the Editor	14
Medico-Legal Matters	27

FEATURES

Reflections on the 6th Annual Meeting	1
A Comparison of Hair Growth Between Follicular-Unit Grafts Trimmed "Skinny" vs. "Chubby"	16
Number of Hair Follicles Transplanted Times the Caliber of Hair — Expected Density	17
Limited-Depth Tumescence of Recipient Area	18
A History Lesson	20
The Telogen War: The "Condemned" Replies	22
Surgical Hair Restoration in Women	25
Finasteride and Future Hair Loss	28

ASSISTANTS' CORNER

Pre-Operative Preparation of the Skin and Hair	30
Notable Assistant: Betty Ann Studier, RN	31
The Assistants' Editor Speaks	31