



forum

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Rethinking Some Cornerstones of Hair Transplantation

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In May, I had the pleasure of addressing the American Society of Dermatologic Surgery about my study involving the survival of minigrafts harvested by the multibladed knife. The study was supported by a grant from the ISHRS. In the process of modifying the talk from the one presented last year in Washington to the ISHRS, additional developments have appeared that I would like to share with you. I would like to do so in the spirit of continuing the lively discourse currently involving follicular unit vs micro-/minigrafting techniques.

To briefly summarize my study, it looked at intact and intentionally transected 3 and 4 hair minigrafts and determined survival. Additionally, it assessed transection rates of minigrafts from over 50 cases when using the multibladed knife and when the 2mm strips were cut into grafts with 4x loops. Transection rates were 8% for the multibladed harvest and 4% for the conversion of strips to minigrafts. The overall survival rate was 98.4% at eight months with 104% of intact graft hairs present, and an overall 60% growth for transections. These findings are in line with transection rates reported by Limmer¹ and survival rates of transected follicles reported by Kim².

My conclusions were:

1. Excellent growth rates of transplanted hair are obtained with multibladed harvesting (MBH) and that it is unclear that elliptical excision and microscopic dissection (EEMD) is superior to MBH based on the results of this study.
2. With regard to cost/benefit considerations, in view of number 1 above and the increased difficulty of maintaining quality control, as well as the increased effort of producing grafts with EEMD (twice as many person hours and a longer technician learning curve), it would appear that MBH is superior to EEMD.
3. And, therefore, the hair transplant surgeon serves both quality control and efficiency by focusing efforts on his/her MBH technique rather than on training and supervising technicians to perform dissection with the microscope.

In a little over two years after the Nashville ISHRS meeting, where the follicular unit concept surfaced with seven talks titled around "megasessions," "dense packing," and "dissecting microscope," the following reflects the sea change of opinion.

The term *follicular unit* is proposed to imply mandatory use of elliptical excision and microscopic dissection. Even more startling, these statements

continued on page 138

In every issue...

President's Message	134
Editors' Messages	135
Notes from the Editors Emeritus	136
Salute to Surgeons of the Month	137
Cyberspace Chat	148
The Dissector	152
From the Literature	154
Letters to the Editors	158
Assistants' Corner	159
Classified Ads	163

In this issue...

University of Paris VI—Diploma of Scalp Pathology and Surgery Schedule ...	141
Concerning "Power Point" Presentations and Transplant Photography	143
Graft Implantation Techniques	145
Technician Graft Cutting Study	150
Hemostasis with Minimal Epinephrine	153
Hairline Placement: Not Getting It Wrong the First Time	155