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- *Forum takes a second look at treatment of the donor area (pp. 4-5).*
- *Ever hear of slits parallel to the hairline? See Dowling Stough's interesting technique, pp. 6-7.*

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Dr. Kabaker has performed over 7,000 cosmetic surgery procedures in local hospitals and in his office operating facility. He is a frequent lecturer to local, national and international medical groups on the various facial plastic surgery procedures he performs.

Tissue Expansion Plays Limited, But Vital, Role

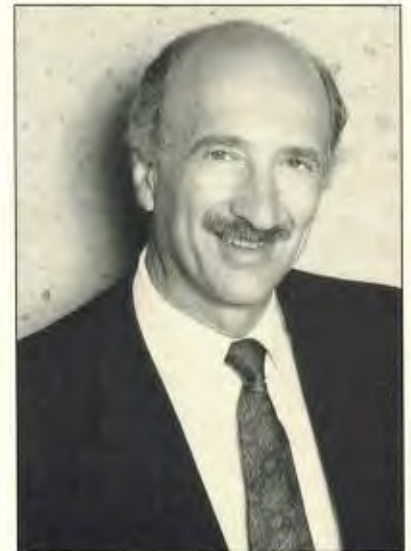
by Sheldon Kabaker, M.D.

IN THE JANUARY 1991 ISSUE OF HAIR TRANSPLANT FORUM, PAUL STRAUB POSED SEVERAL QUESTIONS REGARDING TISSUE EXPANSION. SHELDON KABAKER HAS PROVIDED A COMPREHENSIVE RESPONSE WHICH IS REPRINTED BELOW IN ITS ENTIRETY.

SINCE FALL 1983, I have worked on an average of two tissue expansion patients per month. Approximately one-third of these have had cicatricial alopecia—most of them from burns. Without a doubt, the treatment of choice for these patients is tissue expansion, especially when they have very tight scalps from multiple previous surgeries. Their scalps are relatively insensitive to pain because of prior injuries and surgeries, and they are quite tolerant of a temporary deformity that will alleviate a life-long deformity.

The rest of these patients—a group more pertinent to our discussion—are those with male pattern baldness, which I divide into two categories. First are those who have tight scalps and who desire to have a Juri flap operation. The second and most common group are those who require scalp reductions assisted by tissue-expansion and utilizing expanded flaps of one design or another.

Those in the first group, obviously highly motivated and willing to undergo a Juri flap operation, seem to tolerate unilateral tissue expansion fairly well. Since a great amount of tissue expansion is not necessary, and since we only wish to gain between two and four cm. of additional tissue, the procedure is well tolerated.



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