

President's Message



Marcelo Gandelman, MD
Sao Paulo, Brazil

ISHRS Memories
Medicine, before anything else, is learning, acquiring knowledge. The whole Medical Art is in constant reformulation. Everything that is current and we believe is modern, in fact,

is doubtful and hides mistakes that time will reveal. We are blessed for witnessing the passage of the millenium, enjoying the marvels we observe daily.

Do you remember how difficult it was to learn hair transplantation? By the time information arrived through books and magazines it was already obsolete. In contrast today, we can send by e-mail a picture of a difficult case to our colleagues around the world and "Presto!" hours later, different solutions, novel approaches are at our desk in a flash.

This *Forum* issue, for example, was built on the Web by Dow Stough, Russell Knudsen, Victoria Ceh, and Cheryl Duckler. Hair Transplants were performed mostly hidden at private clinics, and we learned the art looking over our friend's shoulder. Today, with the Internet we are still at our friends' clinics, but now spying through web cameras. The knowledge that was formerly static, today is dynamic. I was introduced to Hair Transplantation by Dr. Orentreich in 1965. Flaps were introduced to me by Dr. Chajchir in 1970 and Elliptical Harvesting by Dr. Coiffman in 1976. What really strengthened my affair with hair transplantation was my first meeting with O'Tar Norwood.

At the time, the books of Walter Unger, O'Tar Norwood, and Richard Shiell had already become my Bibles. Then, Dr. Norwood introduced me to the top professionals in hair transplantation. The strong attraction I feel

for Hair Transplantation Surgery is due to having been in touch with these marvelous personalities, who made me fall in a passionate way, for this very specialty. By inviting me to write for the Hair Transplant Forum in 1990, Norwood expanded my horizons and gave me the opportunity, next to the persons I had long admired, to publish my own ideas.

While we were at the meetings, absent-minded, collecting tips and pearls to use in our daily practice, the baby ISHRS surprisingly became a man.

The art of hair restoration is as unstable as a building built in an earthquake zone. The founding of the ISHRS, a direct descendant of the *Forum*, was, in my opinion, one of the most important elements for changing empirical Hair Transplantation into a scientific method that day by day has been polished through research and the sharp expertise of its members. Due to close contact with the ISHRS, I feel my enthusiasm renewed by my long-time friends and through the original ideas of its new young mem-

bers. Here, teachers and private practitioners with real-world experience have made the ISHRS name known thorough the medical community as a Society oriented toward the pure and simple study of hair restoration, where the scholar is honored and the researcher supported and celebrated.

Now we have defined and clarified our former empirical techniques and are constantly pushed to new discoveries by the non-stopping wheel of science. This has been our major strength: an ethical society purely directed to study, leading the field of hair restoration because science and experience together are the powers that persuade without discussion, unravel all doubts, rule without laws. Although Hair Restoration is 1 percent science and 99 percent perspiration, while we persevere on the path of pure science, our Society will remain a strong one.

With our eyes on the horizon, we wonder which new technological marvels are to come.

While we were at the meetings, absent-minded, collecting tips and pearls to use in our daily practice, the baby ISHRS surprisingly became a man. ♦

Marcelo Gandelman, MD

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The ISHRS Golden Follicle Award sculpture, as seen on the cover of this issue, was designed by Francisco Abril, MD. Dr. Abril offers for sale, copies of a small bronze hair follicle sculpture (10" high). For more information, please contact: Clinica Dr. Francisco Abril, PO dela Habana, 137, 28036 Madrid, Spain. Phone: 34-1-359-1961; Fax: 34-1-359-4731.

Editors' Messages



Russell Knudsen, MBBS
Sydney, Australia



Dow B. Stough, MD
Hot Springs, Arkansas

This seems as good a time as any to eat "humble pie." Due to a "glitch," for which the Editors take full responsibility, we have inadvertently published a letter from Dr. Yoho twice this year. We have perhaps given the impression that it was so important that it needed saying twice. If you have to choose between "conspiracy" or "cock-up," put your money on "cock-up" and you'll be right more often than not.

That said, We might also add that as Dr. Yoho chose to write about Dr. David Seager's attitude to, and practice of, midazolam pre-med usage, it is our experience (and that of anybody who knows Dr. Seager) that David Seager is the most meticulous and careful physician and surgeon who practices at the highest level of competency and safety. (That's going to cost you a drink in Hawaii David...).

For those who continue to believe that alopecia reduction is, or should be, an extinct technique, we suggest you skip the letters from Drs. Unger

and Seery in this issue so as not to disturb your personal-belief comfort zones. Perhaps we need to see more alopecia reduction patients at our "meet the patient and his/her surgeon" sessions at hair meetings? We don't believe that monetary considerations affect the surgeon's decision to avoid alopecia reduction, rather perhaps an ignorance of the possible benefits in a properly selected and properly performed conservative usage of this valuable procedure. Many patients are scared of this procedure on the grounds that it seems like a terrifying and aggressive surgery. It requires a genuinely positive outlook from the surgeon to allay the fears of the patient. Once a patient has had a successful alopecia reduction, they often demonstrate a great enthusiasm to continue with a series of procedures until crown alopecia is eliminated! The surgeon is often forced to temper the patient's enthusiasm and explain why we only seek to reduce the alopecia and then switch to grafting.

Why do some patient's love alopecia reduction? Instant results and cost savings.

For those who continue to see alopecia reduction as barbaric, we ask how they repair/renovate older style transplants where the baldness has significantly extended beyond the lateral margin of the vertex/crown grafts and where there is really no viable remaining donor area for grafting? Cutting-down standard

plugs to micrografts and scattering them can help, but we have had great success using alopecia reduction in this scenario and, in our view, it has given a better outcome. We believe that any surgeon contemplating a serious career as a hair surgeon must at least investigate alopecia reduction by watching a competent experienced practitioner perform some. We are saddened to think that the procedure might "wither on the vine" as a new generation of surgeons with no exposure to the procedure become our future leaders.

As for the The Dissector column, the Editors conceived this idea as a means of voicing opinions in a field where close personal friendships may hinder an honest academic exchange. There was no attempt to malign individuals behind the cloak of "yellow dog journalism." We have been somewhat surprised by the complete lack of response by the *Forum* readers to this column. Surely this field has not become so narrow in our views that we are not capable of a scathing editorial! Dr. Unger has voiced his opposition to the anonymous authorship and this will be re-evaluated by the Editors and Board of Governors. Dr. Unger brings up some legitimate issues that are presented with anonymous editorial columns. We certainly invite your opinions on **this matter, anonymous or otherwise.**

Russell & Dow

To Submit an Article or Letter to the Forum Editors

Please send submissions via a 3½" disk or e-mail, double space and use a 12 point type size. Remember to include all photos and figures referred to in your article. For e-mail submissions, be sure to ATTACH your file(s)—do not embed it in the e-mail itself. We prefer e-mail submissions with the appropriate attachments.

Submission deadline for the for the for the January/February 2001 issue is December 10; for March/April, February 10.

Submit all North American entries (Canada, USA, Mexico) to:
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Notes from the Editor Emeritus



Richard Shiell, MBBS
Melbourne, Australia

The Application of Cloning to Human Hair Restoration

Hair restoration surgery, whether by scalp flaps or transplantation, has been popular for the past 40 years in the Western

world (after an even earlier start in Japan in the 1930s). The cosmetic improvement that is possible by surgical techniques has always been limited by several factors. These are:

1. The availability of suitable donor hair follicles
2. The current size of the bald area
3. The likely future extension of the bald area with time
4. The degree of residual scarring from earlier surgical sessions
5. The motivation of the patient to persist with further operations
6. The ability of the patient to pay for continued surgery

The “alchemist’s gold” in hair restoration has always been two-fold. First, to regrow the missing locks and, second, to prevent future hair loss on the scalp. Once hair transplantation became available a third “wish” was added to this list—the procurement of an endless supply of good donor hair from the patient or another donor.

The immunological problems involved with transferring skin elements from one patient to another are well known and appear to be insurmountable at present. On top of this, there is the possibility of the transmission of unwelcome and potentially fatal viruses, such as those causing AIDS and Hepatitis when one uses heterografts.

The ability to clone an unlimited number of hair follicles from a patient’s own hairs or hair stem cells is therefore the dream of every hair transplant surgeon. Both fame and fortune await

the person who can bring this procedure from the realms of fancy to that of a practical proposition.

With this scenario there is an “endless” supply of hair follicles and no scarring of the donor or recipient areas. Problems 1 to 4 of hair transplantation listed above are immediately eliminated and we are only left with points 5 and 6, “patient motivation” and “financial considerations.” The former will not be much of a problem with this clean and relatively painless procedure, and finding the money to pay for the procedure is seldom a problem for a highly motivated balding individual.

The Future

We do not know how Cloning will eventually work but let me suggest one possible scenario.

Let us suppose that a few healthy hair follicles are removed from the scalp of a balding individual. The stem cells are identified, removed, and allowed to replicate in culture medium. These stem cells are then “switched on” to produce individual hair follicles. Once the follicles reach a length of 5-10mm, they can be removed from culture and implanted back into the balding scalp of the original donor.

We are all aware of the stir caused by Colin Jahoda’s announcement of successful cloning in *Nature* (September 1999). Some of us are also very conscious that nothing further has been said about his discovery in scientific publications from that day to the present. Colin and his partner Amanda Reynolds have been to several meetings since that time and have presented no follow-up papers on the subject. It is highly likely that his Institute is working on methods of patenting his discovery so that they can make it more practical for human hair follicle production and eventually capitalize on it. (Colin will be addressing us in Hawaii in December.)

It is easily envisaged that dozens of hair research institutions around the world have already thought of similar scenarios and are also striving to find the secrets of follicle replication and culture. It is equally certain that these methods, once found, will be closely guarded secrets, as the potential financial returns to the Institute will be immense.

Why it has taken the world’s hair and wool researchers so long to become aware of the potential of the hair of their own species, is one of the world’s great mysteries and says a lot about the truth of the “Ivory Tower” hypothesis. Doctorial researchers and research institutes can become so involved in the minutia of their often obscure topics that they totally lose sight of the “real” world where personal baldness is considered much more important to the man in the street than the production of finer or stronger wool.

It is my belief that, sitting somewhere amongst the countless Ph.D. theses held at universities or amongst the innumerable papers produced from Hair Research Institutes, there is already some scientific concept that holds the key to this cloning problem. The only thing lacking is the imagination, the will, and motivation required to obtain the funding and then to drive this exciting project to a successful conclusion.

Hair Transplantation in Blacks

I was pleased to see an article on this topic by Dr. Glen Charles in Forum 5. It has been a long time since we read anything on this important topic. I remind those of you with patients from the Pacific region that Micronesians, Melanesians, New Guineans, and Fijians also have African type hair.

Polynesians (including N.Z. Maoris) and Australian aborigines are of different

continued on page 167

Shame, Shame

continued from page 161

repeatedly as excuses to not carry out scalp reductions. What is not said by the same vocal minority, is the fact that virtually all the complications are totally preventable if scalp reduction is carried out properly. Perhaps the one exception is a poor scar with patients who heal less than ideally, which fortunately occurs in fewer than 1 percent of patients. This also occurs with every cosmetic and non-cosmetic surgical procedure including facelifts, blepharoplasties, appendectomies, etc. Should we bad-mouth and stop carrying out these procedures also? Should we stop carrying out hair transplantation because a small percentage of our patients heal with “hypertrophic transplants” or ridging, which I first described in 1993? How dare individuals illustrate a depressed scar and then falsely label the photograph as a “typical” scar from scalp reduction. How do they feel when other doctors demonstrate today’s hair transplants looking

like doll’s hair? Having carried out over 10,000 scalp reductions over a period of more than 25 years, I know what a scalp reduction scar should look like! How dare individuals refer to scalp reductions as “obsolete” or as “procedures that defy logic”! Clearly they do not understand the biomechanics of normal human tissue, or realize that the technique of “serial excision,” which scalp reduction is a modification of, has been used successfully for more than 60 years in the field of plastic surgery, and is still utilized frequently today when indicated. Have they ever done a proper scalp reduction? Have they ever had any formal surgical training? Scalp reduction will only be obsolete when cloning is possible!

Shame on those physicians who have allowed scalp reduction to be almost “black-listed” as a procedure, and still do not offer it to their patients. Although I have never claimed that scalp reduction is for

every patient, I have always advocated that each patient be honestly informed of what options are available to him/her for hair restoration, including non-surgical and surgical treatments. How hypocritical it is of us (the ISHRS) to honor my friend and colleague Dr. Patrick Frechet with the Platinum Follicle Award for developing the extender and improving scalp reduction results, and yet so many physicians still bad-mouth scalp reduction and do not even tell their patients about the procedure at all. Shame! The benefits of scalp reduction for suitable patients have always been obvious and just good common sense. With primary hair restoration for androgenetic alopecia, usually the purpose is to make the bald area smaller so that greater hair density can be achieved in the mid-scalp and crown areas. As an aside, more and more patients who

continued on page 166

Editors' Sidebar

As Editors, our decision to implement the “The Dissector” column was done to encourage more diverse opinion amongst our colleagues. Many physicians, particularly those less-senior, who have little or no experience as authors, find it daunting to author an article to either a peer-review journal or to a prestigious newsletter such as the *Forum*.

The vehicle of an anonymous contribution was offered to lessen the barriers to potential authors. All submissions are reviewed by the Editors before a decision to publish is made. Personal denigration or defamatory comment is not allowed. Satirical remarks are considered in proper context. The column is for “the opinionated” and allows a vehicle to express one’s views.

The Editors make no apology for allowing opinions (which are the basis of this column) that are controversial to be aired. We have encouraged a light-hearted, humorous approach to make the column stimulating and enjoyable to read, even if you vehemently disagree with the commentary. Of course, part of the “game” of this anonymous column is to guess the authorship of the column! All readers of the *Forum* are at liberty to respond by either a letter to the Editors, or by submitting a rebuttal Dissector. The decision to put your name to the rebuttal is entirely yours. We realize that “yellow dog journalism” may come under scrutiny, and Dr. Unger’s comments have not been dismissed lightly.

Dr. Unger has been a champion of the scalp (alopecia) reduction since its inception and his eloquent rebuttal bears testimony to this. He makes many valid points in defense of the procedure. We take some satisfaction that the Dissector has produced such a comprehensive defense. We also point out that other champions of the procedure, such as Dr. Seery, have featured prominently in recent issues of the *Forum*.

We continue to encourage the free exchange of opinion in the *Forum* newsletter, which we believe has a different role to that of a peer-review journal. We encourage the lively and quick exchange of viewpoints and scientific information that is published without fear or favor. If we have personally offended any member of the ISHRS, a sincere apology is extended.