HAIR TRANSPLANT FORUM INTERNATIONAL

forum

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ISHRS Meeting Review, Hawaii 2000

Russell Knudsen, MBBS Sydney, Australia

Aloha! O.K., what was the Board of Governors thinking when they decided to place this meeting at the gorgeous Hilton Waikoloa Village Resort? Let's face it—swaying palm trees, lush tropical gardens, waterfalls, swimming pools, dolphins, sun and more sun are significant distractions from a packed scientific program. Outside the lecture rooms, it was even better…

An unofficial poll of spouse/guests decreed that they thought the meeting should be held here every year. Surgeon attendees were equivocal. After all, they weren't allowed outside the lecture halls between sun-up and sunset. This, I was assured by Paul Rose, the Program Chairman, was to prevent photo-damage to the skin of the participants in an (vain) attempt to maintain their youthful appearance.

What a meeting it was! There was some pre-conference nervousness about the likely attendance given the (distant) destination. Happily the doomsayers were proved incorrect and attendance was robust with over 250 physicians and 150 assistants and spouses attending. Paul Rose, who is slowly recovering from the nervous exhaustion induced by being Program Chairman, ran a superb quality, intensively scheduled, in-depth cornucopia of delights! (Don't mind me, I'm paid by the number of excruciatingly long, convoluted sentences I produce).

So, what did we learn? First, mere ownership of a computer doesn't guarantee that you know how to set it up, use it, or have it "booted" in time for your presentation. Ah, for the good old days when you could blame the projectionist for showing the wrong slides or blame the "old" technology for projector glitches. Second, 7 "speaker minutes" seem to contain a lot more than 420 seconds… Third, the level of science in the great majority of presentations was something to behold. As surgeons and scientists, we now seem much more prepared to measure and quantify what we do rather than rely on "gut feelings" or anecdotal evidence. The improvement in the quality of presen-

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President's Message

Marcelo Gandelman, MD
Sao Paolo, Brazil

Most surgical procedures with aesthetic purpose had their shadowy and mysterious beginning in garages and backyards. For a long time, Victorian era mentality dominated both patients and doctors. Improving appearance, seeking beauty, youth, or even wanting to acquire a normal look was considered the sin of vanity.

Many doctors believe, even today, that improving someone's appearance is below dignified surgical behavior, opposed to the noble mission of disease eradication.

Many hair transplant procedures were performed in private clinics with assistants under secrecy oaths, jealously hidden from the remainder of the medical community. Those doctors refused to comment on or publish anything regarding their surgeries. Apparently that communication hiatus, their furtiveness, and the other doctors' mockery delayed hair transplantation advances for many years.

Today ISHRS members impatiently await the arrival of the *Forum*, carry it in their briefcases, and check it over and over until they lose it to their assistants who then carry it in their briefcases and check it over until the next issue arrives.

Just as Norwood and Shiell did in the past, Dow and Russell manage with rare ability research areas frequently speeding in collision routes.

Many members have been proposing a more severe policy, suggesting that the *Forum* should evolve from a newsletter to a journal, thus avoiding publication of new ideas without detailed studies based on scientific data and peer revision. The reason is that the *Forum* that wanders from briefcase to briefcase sometimes falls into the hands of lay people seeking information.

Almost every day we go into the operating room leaving the sun outside, waiting for us, to give our best to our patient. After nightfall, we study and reconsider every detail of our work. The patient, our first priority and also our most severe critic, brings to us his barber's most recent statements about baldness, often disagreeing with our overnight studies and notes taken on meetings and from journals.

> I see the Forum as a question generator. It is up to us to find the answers.

How can we guarantee that a lay person distinguish between a reliable source and an unreliable one? Beginner doctors as lay people will look any and everywhere for information because printed and electronic words are very convincing. They go to the Internet, our great research assistant with its flood of scientific information but also the largest headquarters of scam humanity ever created.

While a freshman at medical school, I was taught that medicine is a science of temporary truths, converted into laws for didactic purposes. I also was taught that knowledge not shared is knowledge lost.

The questions are: Should we grow and change the *Forum*, our superb way of sharing ideas, by exclusively publishing data-confirmed results? Should we close this informal source of individual observations that we have been sharing because lay people can evaluate it improperly?

Einstein once remarked that if he were about to be killed and had only one hour to figure out how to save his life, he would devote his first 55 minutes of that hour searching for the right question. Once he had that question, finding the answer would take only about 5 minutes.

I see the *Forum* as a question generator. It is up to us to find the answers.✧

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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' Message

Russell Knudsen, MBBS
Sydney, Australia

Dow B. Stough, MD
Hot Springs, Arkansas

Can we really take a bunch of doctors dancing in grass hula skirts as serious minded surgeons? Of course we can, but if we want our medical colleagues and lay public to view this field as a science, then we must be prepared to make the necessary changes.

The Editors propose that we start with well-defined terminology for the field. This terminology cannot be individualized to suit one's personal approach, but must become standardized and employed in all communications between physicians. Furthermore, contributions to scientific journals, publications in the *Forum,* and elsewhere, should be reviewed and reflect a consistent approach to terminology. We should standardize terms for donor density, whether it is measured in hairs per centimeter, follicular units per square centimeter, or in terms of hairs per a given round millimeter field. Communication is currently hampered by a lack of standardization.

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A useful definition of "cut to size" is required. Common usage implies that indiscriminate dissection is used to "cut to size" resulting in a larger number of transections. This would certainly seem true in the case of automated cutting devices (Omnigraft®, Mangubat Cutter), but in manual dissection, attention is usually paid to any naturally occurring "gaps" (between follicular units) in donor tissue so that a multiple follicular unit graft can be a minigraft, "cut to size," and still have a transection rate identical with follicular unit grafting.

We all agree that hair volume is tremendously important. But, what is hair volume? We refer to hair volume as partly a function of the total cross-sectional area of a hair follicle. If the cross-sectional area can be measured by the equation: πr^2, then we should be able to reliably reproduce hair volume (HV=numbers of hairs × cross-sectional area × standard length [e.g., 1 cm]), which is expressed as cubic cm, and communicate it accordingly. Methodology for this is currently available, but not "user friendly."

Hair curl is another area that has defied all of our attempts toward precise observation and communication skills. The amount of curl can be determined in a couple of ways, for example, on a four-point scale or an angle of degree scale. Once again, methodology is not universally available.

Scalp laxity classifications have been proposed, but are seldom used, and even the Norwood Classification system is not utilized by many authors writing in the field of androgenic alopecia. With such wide and abounding terminology and classification systems, it is no wonder we have made slow progress in developing this field into a true science. The Editors would like to devote one of the upcoming issues to developing proper terminology and standardization within our field.

Along this same line, photography guidelines will be proposed. These guidelines will be critical to publications in *Dermatologic Surgery* and the *Forum.* Currently, no set methodology of photographic "before and after" results has been instituted, but we are heading in that direction. We should take note of our plastic surgeon colleagues who have raised their photography standards for meetings and journals.

Finally, both of the Editors have attempted to broadly classify the techniques for hair transplantation. The names given to these techniques are descriptive, instead of employing a given individual author's name. These techniques have been published utilizing the terms, "Simultaneous

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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.**

Submit all North American entries (Canada, USA, Mexico) to:
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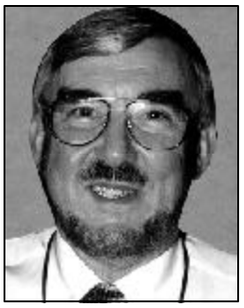
Submission deadline for the May/June is April 10; for July/August, June 10.

Notes from the Editor Emeritus



Richard Shiell, MBBS
Melbourne, Australia

I am always interested to receive my complimentary copy of the *New Hair Journal*. This quarterly newsletter from the American Hair Loss Council contains a lot of interesting snippets along with some informative articles and interviews with prominent hair clinic proprietors (our own members Bill Rassman and Larry Bosley have given interviews in the past two years).

Far from disappearing under a mountain of scientific evidence, it would appear that a number of manufacturers of hair growth products are cashing in on the success of Rogaine® and Propecia® and are offering their own solutions to human hair loss. Three products were advertised in the latest edition of the *NHJ*: NIOXIN, NISIM, and P45.

NISIM, a Canadian shampoo, contains "herbal extracts." The manufacturers claim that it has DHT inhibitory effects and offer a money back guarantee if hair loss is not reduced within a week. Past company trials appear to have been empirical and were neither blinded nor contained placebo.

NIOXIN has been around for a while and appears to have a considerable following in the USA.

P45 is a topical cream from the British Phytopharm Co., and the company states that blinded trials of efficacy are currently underway.

As the *Forum* was going to press, I heard that the American Hair Loss Council was in financial difficulties and this may have been the last edition of their journal.

Shame, Shame, Shame

I read Martin Unger's article in the November/December 2000 *Forum* with some dismay. While there is certainly room for disagreement with the ranks of our wonderful Society, I feel that this is an example of over-reaction to two light and mildly humorous anonymous articles from previous editions of the *Forum*. Many of us, like Dr. Unger, still perform scalp reductions in carefully selected cases and should know only too well that the points made by the authors of "The Dissector" satirical pieces were bitingly accurate. Indeed one of the long-term advocates of rational alopecia reduction surgery wrote to the Editors praising The Dissector articles in the same edition of the *Forum* that published Dr. Unger's condemnation.

Dr. Unger proposed a motion at the Hawaii meeting to abolish anonymous articles from the pages of the *Forum* in the future. This was narrowly defeated by the members in attendance, but the question is certainly open for re-examination in future if a sufficient number of members are unhappy with this lighthearted feature of our newsletter.

It is interesting that these articles and Dr. Unger's response should come at the very time when scalp reductions are sensibly making their own way back into the surgical world once again. I feel sure that next time around the operation will be performed with the conservative approach always advocated by Dr. Unger. With the advent of Dr. Seery's Galeal Fixation, the procedure should be here to stay.

Hiccups

I was interested to read that Dr. Alvaro Traquina has taken up the gauntlet in the Great Hiccup Debate (ISHRS *Forum*, No. 10, Vol. 6, p. 182), which has sadly been in abeyance for a number of years (see Arnold: ISHRS *Forum*, No. 5, p. 21, 1995; and Shiell: ISHRS *Forum*, No. 6, p. 16, 1995).

In my practice I still see occasional transient hiccups when I have given a second dose of 5mgm midazolam IV but I have never seen the distressing 2-day hiccups these past 14 years since abandoning the administration of intravenous Valium10mg. It remains my belief that persistent hiccups in HT cases is due to a sensitivity to one or more of the breakdown products of IV diazepam. Because the phenomenon is quite rare, we need feedback from other physicians who have experienced both the transient and persistent varieties of hiccups in their practices to ascertain if prolonged hiccups is always associated with the administration of benzodiazepines or other medication. If Dr. Traquina's theory is correct and hiccups is frequently caused by swallowed air then it should be more common when the patient does not have pre-operative medication.

Pimples and Cysts

With a narrow specialty such as hair restoration one would imagine that it would soon be possible to "know it all." Strangely, the more you learn the more you realize you still have to learn. Apart from the puzzle of hiccups mentioned above, another more common, but equally troublesome, problem is the occurrence of post-operative pimples/cysts. Most patients get none or very few but others get many and the resultant scalp can resemble cystic acne at times. While fragments of hair or even centimeters of coiled hair can sometimes be extracted from the cyst, this is not always the case. It is my belief that this is often caused by the same tissue hypersensitivity reaction to sebaceous material as is thought to occur in cystic acne. I would be interested in the opinion of readers, and for the scientifically motivated among you, here is a research project that could well lead to a Platinum Follicle Award in the future.

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