Hair Transplant Forum International

INTERNATIONAL SOCIETY OF ISHRS HAIR RESTORATION SURGERY

forum

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Resolution of ISHRS-ABHRS Differences Accomplished

Report of Vogel Ad Hoc Committee on Certification*

James Vogel, MD
Baltimore, Maryland
Chairman, Ad Hoc Committee on Certification

Last October in Puerto Vallarta, our president, Dr. Bobby Limmer, asked me to chair a special ad hoc committee to evaluate the issues of certification and credentialing in our specialty. A credentials committee was formed and consisted of experienced hair restoration surgeons from diverse backgrounds. Half of the committee consisted of members of the American Board of Hair Restoration Surgery (ABHRS), and the others were current or past members of the ISHRS board of governors or executive officers. Frank discussions were held during the meetings and the committee was quite focused and direct in securing options and alternatives. These included the names for certificates, criteria for different types of

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*Committee members included: Chairman: James Vogel, MD; Members: Michael Beehner, MD; Robert Bernstein, MD; Paul Cotterill, MD; Shelly Friedman, DO; Robert Haber, MD; Sheldon Kabaker, MD; Russell Knudsen, MBBS; Robert Leonard, DO; Antonio Mangubat, MD; Daniel Rousso, MD; Dow Stough, MD; Bradley Wolf, MD

ABHRS Offers Certificate of Added Qualification in Hair Restoration Surgery

Shelly Friedman, DO, FAOCD
Scottsdale, Arizona
Immediate Past President, ABHRS

The ABHRS will begin to offer a Certificate of Added Qualification in Hair Restoration Surgery (CAQ) in 2002. This new certificate is designed for those hair transplant surgeons who do not qualify for ABHRS board certification but would like tangible acknowledgement that they have achieved additional training in hair restoration surgery. The CAQ also could be seen as achieving the first step toward board certification.

The requirements for the CAQ are as follows:

1) Attendance at two ISHRS Annual Meetings.
2) Attendance at one ISHRS endorsed Live Surgery Workshop.
3) Successful passing of the ABHRS written examination. This is the same 200 multiple choice examination taken by those seeking board certification. The ISHRS Review Course for the ABHRS examination will be very helpful for those surgeons taking the written examination.

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Pull out center spread for 10th Annual Meeting Hotel Reservation Form & Preliminary Schedule

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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.

President's Message

Bobby L. Limmer, MD
San Antonio, Texas

As our year progresses, pointing toward the Annual Meeting in Chicago in October, all seems well with the ISHRS ship. The Annual Scientific Meeting Committee, under the direction of Dr. John Cole, has a wonderful program outlined, and we hope that each and every one of you will be in attendance in Chicago. Plan now to bring your staff with you to share both the educational and social benefits of the meeting.

The Website Committee, under the direction of Dr. Tony Mangubat, continues actively searching for ways to keep hair restoration surgery and the ISHRS readily available to the public through the World Wide Web.

The Ad Hoc Certification Committee, under the direction of Dr. Jim Vogel, has met on the issue of international credentialing in an effort to take an issue that has been divisive and generate a mechanism that is inclusive of all who have acceptable qualifications. While there exist differing views on the mechanisms of credentialing, I would hope that a magnanimous spirit of what is good for the vast majority of patients and practitioners alike will lead to continuing discussion and a final conclusion that is uniformly beneficial to all members of the ISHRS.

Long-term management of the ISHRS is in the process of review, as the Society was recently informed that its current management provider, Association Management Services, a subsidiary of the American Academy of Dermatology, will be closing operations at the end of this calendar year. We have received several informal and one formal proposal for continuing management beginning in 2003. Every effort is being made to create a smooth transition from our management services to a new management to carry on the goals of our Society.

As I penned this month's message, I was notified that Ms. Laura Musgraves, the current ISHRS executive director, will be moving on to new opportunities in association management at the end of May. Many of us in the ISHRS leadership had the opportunity to meet Laura at the 9th Annual Meeting, and to work closely with her. The ISHRS membership at large may know Laura through her article "What Matters Most" in the January/February 2002 issue of *Forum*. In her own words, she said, "It has been a pleasure to work for ISHRS and to get to know you personally and professionally." We wish Laura all the best.

Your leadership continues to wish to hear from all of you in the course of the year. Please do not hesitate to contact us—no issue or concern is inconsequential. Communication is the backbone of a good Society.✧

Bobby L. Limmer, MD

Co-Editors' Messages

Michael L. Beehner, MD
Saratoga Springs, New York

I was heartened to see the Ad Hoc Committee on Certification and the ABHRS resolve their differences. I am confident that, if a spirit of good will takes root from this time on, that we can all progress forward to the benefit of all hair transplant surgeons throughout the world. I think a lot of credit is owed to Bobby Limmer, our president, for having the foresight to create the ad hoc committee, and to James Vogel for having done an excellent job in getting everyone's diverse opinions onto the table so that the differences could be resolved in a constructive way. All in all, it is a major step forward for our specialty.

The recent articles on FUE (follicular unit extraction) and all of the hullabaloo on the Internet remind me of my younger days when magic was one of my hobbies. Each time I saw a new magic trick performed, I was always intensely anxious to learn how it was done. Well, FUE certainly looks like a magic trick to me. The only problem is that, unlike every other technique in hair restoration history, those of us wanting to become magicians can't even get hold of the instructions. But I've got to tell you: Short of an act of God, I can't imagine the task being done repeatedly without some serious follicular damage. Anyone who has spent time looking under a microscope cutting grafts knows that the hairs in many FUs, when followed from their common exit area in the skin, down into the dermis and subcutaneous layers, often diverge from each other to form "teepees" and various configurations of seaweed. I have often tried to core out an errant *single* hair on the forehead with a 2mm diameter punch, never mind a 1mm one, and at least half the time miss the bulb.

I have always been a little bewildered by all of the resistance to introducing microscopes in a hair transplant office.

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William M. Parsley, MD
Louisville, Kentucky

Over the past 12 years there have been many changes in a positive direction with the hair transplantation procedure. There seemed to be a sequence of big round grafts, small round grafts, quadrisected round grafts to holes, quadrisected round grafts to incisions, multi-bladed strip excisions (MBSE) cut to produce minigrafts and micrografts, MBSE cut to produce linear grafts for slot or slit grafting, single-bladed strip excisions (SBSE) cut to produce minigrafts, and more recently SBSE to produce microscopically prepared follicular unit grafting. With these changes in hair graft transplantation, some of the standard accepted surgical procedures became less popular. Among these procedures were scalp reductions, flaps, and scalp lifts. A number of hair restoration surgeons developed considerable expertise at these procedures and have scores of satisfied patients to show for it. Should these procedures be discarded for the newer techniques? We need to take a look at this realistically.

Some say that these techniques have a high complication rate. With scalp lifts, problems with necrosis and bad press have severely reduced the numbers of cases. Flap surgery is a broad field but flaps can suffer from tip necrosis, poor hair angle, and poor density blending with the existing scalp. Scalp reductions are a little more complex. There are many techniques used here—Mercedes cut, midline excision, lazy S, etc. The most common problems are a visible, sometimes depressed scar; stretch back; and slot formation. If too much hair is removed, a "parting of the Red Sea" look can occur where the hair falls away from the scar with activity (or wind) causing the scar to be exposed. Should these procedures be dropped because of the above problems?

Mini-/micrografting and follicular unit grafting have their own problems. Graft survival, stretched donor scars,

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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 as separate attachments (JPEG, Tiff, or Bitmap). 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. Send to:

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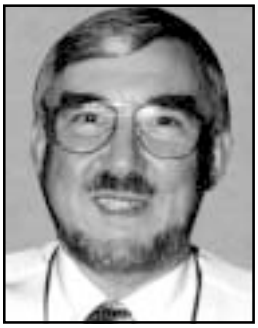
Submission deadline for July/August, June 10; September/October, August 10.

Notes from the Editor Emeritus



Richard C. Shiell, MBBS
Melbourne, Australia

Hair Loss in Females

A number of papers have been published in recent years drawing attention to the fact that female pattern baldness is not just a variation on male pattern baldness but an entirely different entity with different hormonal mechanisms and possibly different genes involved.[1,2,3] An additional problem is that diffuse, unpatterned alopecia is also commonly seen in females both young and old, and in the early stages this may appear very similar to the patterned variety.

Female alopecia is further complicated by the fact that there are obviously differing incidences of female baldness in different countries. In Australia, I seldom see the Ludwig patterns described in 1977[4] but see a lot of diffuse and pattern alopecia in Asian women, those of Mediterranean origins, and second-generation descendants of Polish Jews.

These girls start hair loss with late puberty just like the males, and most have a similar pattern though not as strongly developed. These ethnic groups would make up perhaps 25% of our population in Melbourne but would not be seen as frequently in the smaller cities of Australia or the USA. The post-menopausal ladies with alopecia of male and Ludwig patterns are more evenly distributed over both the Anglo-Saxon stock and ethnic groups.

Diffuse alopecia occurs in BOTH sexes; diagnosis in males can be complicated by the fact that some unfortunate men have both types of alopecia. There is no doubt in my mind that diffuse alopecia is inherited and that androgens act as a trigger but that it has a totally different genetic make-up to patterned androgenetic alopecia. The females tend to inherit this from mothers or grandmothers, and the degree of hair loss in their fathers seems to be irrelevant. I have never been able to form an opinion about the source of the inheritance of pure diffuse hair loss in males.

Much more work needs to be done with female alopecia. We have some wonderful hair growth researchers including female physicians Marty Sawaya and Angela Christiano. Some of the major drug companies are at last taking an interest so I hope that elucidation of the problem will follow in the near future.✧

Richard Shiell, MBBS

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3. Cullen OS, Messenger AG: Diffuse female hair loss: Are androgens necessary? *Br J Dermatol* 1999; 141:521-23.
4. Ludwig E. Classification of the type of androgenetic alopecia (common baldness) occurring in the female sex. *Br J Dermatol* 1977; 97:247-53.

ABHRS Announces New Website

Robert Cattani, MD, president of the American Board of Hair Restoration Surgery, announced that the Board has a new Website that can be accessed at either www.abhrs.com or www.abhrs.org Physicians wanting to know more about the application process can obtain this information there. A history of the Board's origin and purpose are detailed, along with a list of the current Board of Directors and the Diplomates of the Board to date. The application form for taking the Board Exams can be directly downloaded from the site also. Dr. Cattani and the Board of Directors of the ABHRS hope that the creation of this Website will make it easier for hair transplant physicians to become familiar with the Board and will hopefully eventually go through the process of becoming a Diplomate. The overall goal is for the Board to become more inclusive and to welcome all eligible candidates to want to participate.