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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

Robert S. Haber, MD
Mayfield Heights, Ohio

It is a great honor to be able to write my first message as President of the ISHRS. I would not be serving the Society in this capacity if not for the opportunities given to me by my predecessors and the support and encouragement of my colleagues. Each president before me has left an imprint on a Society that is well-established, well-respected, and financially healthy. A Society that is taking the lead in raising the standards of excellence and thereby bringing greater respectability to our field. A Society that is learning as it matures, and keeps improving. A Society that still faces controversial issues and challenges, but that is well prepared to engage and solve them.

Hair transplant surgeons are a peculiar group, from a wide array of backgrounds and training. I began my odyssey into the field of Hair Restoration 12 years ago as a Dermatology resident, where I was instructed by one of the clinic nurses in the art of harvesting and placing big round plugs in the scalps of willing Veterans, who never seemed to complain, regardless of the outcome. I didn't like what I saw, and tried various techniques to improve the outcome. By the end of my residency, I had tried many new techniques, and my results were much improved, but I was still dissatisfied. Fortunately, there is no photographic record of my early work, but it remains vividly in my mind. I decided then to pursue advanced training in cosmetic surgery, and was fortunate to be chosen by Dr. Dow Stough as the first Fellow sanctioned by the ISHRS. My year with Dr. Stough helped change my view of hair restoration from an unsightly procedure to that of a complex field of training. Consistent with the focus of the ISHRS, my Fellowship was designed to teach me critical thinking as well as procedures; to master old techniques, then quickly abandon them as we learned and developed new ones. In that year, I became a hair transplant surgeon, and willingly absorbed and adopted what could be considered the purpose of the ISHRS: to strive to advance the art and science of hair restoration with critical thinking, scientific technique, innovative surgical approaches, and healthy discourse. I emerged from my fellowship having joined a worldwide community of hair surgeons who have

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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 deadlines: January/February issue, December 10; March/April, February 10.

Co-Editors' Messages

William M. Parsley, MD
Louisville, Kentucky

The 10th Annual ISHRS Meeting in Chicago has now concluded and it certainly more than matched its expectations. Dow and O'Tar's baby has grown up and is looking good. Drs. John Cole, Jennifer Martinick, and Jerry Cooley, and Cheryl Pomerantz, RN, deserve high praise for the hours of work they put into making this meeting so valuable. The meeting went smoothly and was one of the most "meaty" meetings in memory. Dr. Cole does not like "fluff," and it showed.

There were many highlights to the meeting. Some of the most memorable were the debates on the Internet, the FOX procedure, and the coronal vs sagittal issue. Dr. Russell Knudsen made a plea to the members to raise our ethics and to try to present our field in a positive manner over the Internet. I agree, but we also need to understand the patients' needs. For the years before the Internet, all patients could see were ads showing the wonderful results and virtually none of the complications. Among the problems with the hair Websites are that the information is often distorted, good doctors are often slammed, bad results are presented as the norm, and the participating doctors sometimes come across as professing exclusive expertise. Serious problems arise when these sites imply that anyone not recommended by the site is doing substandard work. This simply is not true. Many of the sites have been urged by the participating doctors to soften the rhetoric, and this presently appears to be working. Regardless, the sites serve a purpose and are here to stay. Dr. Tony Mangubat is working on a site that is intended to offer patients an accurate and informative view of the field without the distortion and negativity. This could be a valuable tool for both the prospective patient and for the doctors if put together properly. The truth is that the state of our field has never been better. We are producing results that could only be dreamed about 12 years ago. However, complications, while not as severe as in the past, still occur and need to be addressed. Presenting this openly and fairly to the public can only help our image.

The FOX procedure was presented at the meeting and created a great deal of interest. Some feel it is progress and others feel it is a retreat to the past with unacceptable transection. Make no mistake about it–it is spawned by unacceptable donor scars. As the FOX technique is developed,

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Michael L. Beehner, MD
Saratoga Springs, New York

I think everyone would agree that the meeting in Chicago was one of the best the ISHRS has ever had. Dr. John Cole did a tremendous job of putting together an ambitious program that combined new research with visual demonstrations of cutting-edge clinical techniques. On top of all that, somehow there was enough time for give-and-take at the open mike in between sessions. A large number of new ideas were put forth. I was most intrigued by the brilliance of Dr. Bernie Cohen's adaptation of Dr. Jim Arnold's hair loss classification system and "hair mass" concept with what he calls the "Hair Loss Profile (HLP) and Index." After Dr. Cohen presented it, I turned to Dr. Dow Stough and commented that in ten years we might look back on that talk as having been historic—and he agreed. The HLP and Index, which is represented by shaded areas on a proportioned graph, becomes an index of the patient's hair mass and can be used for tracking that patient over time. We hope to get a more detailed article on this topic from Dr. Cohen in the next few months, and, hopefully, also an article by Dr. Arnold giving some perspective on his classification of hair loss zones and how he defines "hair mass."

The long-awaited unveiling of the FUE procedure by Dr. Bill Rassman finally came to pass. In watching the video, the momentary pause with slight tension and then the "pluck" of the graft from the scalp was fascinating to view and gave one the impression that it probably takes a little practice to acquire the right "feel" for doing this. I was a bit puzzled by the fact that tumescence wasn't used, and in fact was listed as a negative by Dr. Rassman. It also appeared the insertion of the 1mm punch went deeper than the dermis, which made me wonder how one could keep all of the follicle shafts within this tiny circumference during the hundreds of thrusts of the instrument. Still, it was a welcome sight to have some of the veil of mystery taken off this new procedure. I certainly didn't talk with anyone that was going to rush back to their office and transform their whole practice to the FUE method. It is obviously too early to predict what its eventual role in hair transplanting will be. I think a lot will depend on what the true transection rate in the donor area is in the average practitioner's hands.

If any of our members who still use slides with their talks needed any extra incentive to learn PowerPoint, the A-V people in Chicago certainly helped give them a push in that direction, as the light bulb in the slide projector was noticeably weaker

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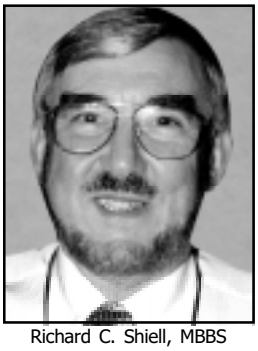
Notes from the Editor Emeritus



Richard C. Shiell, MBBS
Melbourne, Australia

The September/October *Forum* was full of interest and in fact I think it was the best *Forum* of the past 12 years. Full marks to the Editor of this edition, Mike Beehner.

One-Pass Hair Transplants

A reading of David Seager's outstanding lead article in the September/October 2002 *Forum* (Vol. 12, No. 5) demonstrates that achievement of good hair density is possible in one procedure if the patient has good-quality donor hair. This requires exceptional skill by the doctor and operating staff, and outstanding organization and attention to detail thoughout every facet of the lengthy procedure. I fear that these parameters have been achieved by only a small percentage of hair surgeons worldwide, and lack of hair density after FUT will continue to be a problem for many transplant patients for many years to come. I hear that this wonderful paper, which will surely become one of the "classics" of modern hair transplant literature, was rejected by *Dermatologic Surgery* six months ago. It reminded me that another Dermatology Editor rejected Dr. Norman Orentreich's original paper on Autografts in Skin Diseases back in 1956, forcing him to publish in *The Annals of the NY Academy of Science*.

"9 Sacred Cows"

Hospital practices are frequently steeped in tradition and may be difficult to eradicate because they appeal to those of us with tidy habits and may seem to be logical. As the article from *Outpatient Surgery* demonstrates, there is often no scientific basis for many of these beliefs. They can be costly to implement and even potentially dangerous. Could I add a 10th "Sacred cow"? I recently read a study that showed no proven advantage in the preliminary swabbing of injection sites. Few of us would have the courage to break this time honored tradition but apparently the swab is only useful to mop up the few drops of blood at the injection site.

"Once Upon a Time"

It is simultaneously amusing, instructive, and terrifying to read one's words from the past. I have been a frequent contributor of comments and papers to the *Forum* throughout its 12-year history, so it is not surprising that Dr. Mike Beehner's archival sweep was able to bring up a few comments that, in retrospect, one would like to amend or forget (September/October 2002 *Forum*, Vol. 12, No. 5, p.186). In 1991, I stated that it was not possible to get the good frontal density with minigrafts that one could get with 4mm plugs. I still stand by this, but of course time has moved on and we now have FUT, which in good hands *will* permit the attainment of good density if you and your team have the skills required.

Triangular Alopecia

I was glad to see Bernard Nusbaum, MD, revisiting this topic. (ibid., p. 193). It is indeed fairly common and every hair surgeon is likely to encounter this condition at least once in his career. (I have now seen 15 cases in the past 10 years since I became aware of the condition.) Although the lancet shape of the lesion facilitates direct excision, I have found that transplantation with follicular units generally gives a better result. This is because the scalp in the pre-auricular area is usually thin and elastic, and "stretch-back" is almost inevitable after direct excision. (See my article in the November/December 1999 *Forum*, Vol. 9, No. 6, p. 192.)

Another point, which makes diagnostic confusion with alopecia areata even more possible, is that TA is not always present at birth or in early childhood. Cases have been reported where the condition has occurred in adulthood. The condition may be oval or almost circular instead of triangular, and is occasionally bilateral. Diagnosis is generally easy if you remember to think of it, but it may be confused with alopecia areata, traction alopecia, trichotillomania, or androgenetic baldness

Follicular Unit Extraction

Several years ago, a much heralded "new" method of performing hair transplantation appeared on the Internet. Developed by Dr. Ray Woods of Sydney, Australia, it was dubbed "The Woods Method," either by Woods himself or his publicist, and the name has stuck. The only problem was that he never published in the medical literature, never presented at meetings, and no one was ever given precise details about this "revolutionary" method.

His claim that the method resulted in no *linear* scar was correct, but Dr. Woods failed to mention that in its place there were many hundreds of small circular scars with a combined area many times that seen with the usual linear scar. It was apparent, however, that the speckled scarring was far less offensive to the eye than a *bad* linear scar. It was also apparent that many patients were keen to learn about this new method. As Dr. Woods proved elusive, his fellow-countrymen, Dr. Russell Knudsen and myself, received innumerable e-mails from all parts of the world seeking information about his method.

The ever-curious and enterprising Dr. Bill Rassman had been working a direct extraction technique in the USA, and asked me for any local knowledge I might be able to contrib-

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