

Hair Transplant Forum International Volume 22, Number 3

Hair Transplant Forum International is published bi-monthly by the International Society of Hair Restoration Surgery, 303 West State Street, Geneva, IL 60134 USA. First class postage paid at Chicago, IL and additional mailing offices. POSTMASTER: Send address changes to *Hair Transplant Forum International*, International Society of Hair Restoration Surgery, 303 West State Street, Geneva, IL 60134 USA. Telephone: 630-262-5399, U.S. Domestic Toll Free: 800-444-2737; Fax: 630-262-1520.

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President's Message

Jennifer H. Martinick, MBBS *Perth, Australia* jennifer@martinick.com

Are we healers or technicians?

If I posed the question to valued colleagues about whether we are healers or technicians, I suspect that few would provide an affirmative response to the technical label. There is certainly a technical aspect to a hair restoration physician's role, but this represents just part of a picture that includes counseling patients about appropriate solutions, spending many hours in surgery with patients and also countless hours on research and ongoing education.

This quest for excellence is for the betterment of our patients and our profession, and, indeed, it is what the ISHRS stands for. While difficult to quantify, there is a spirit of compassion among dedicated surgeons that motivates them to help patients whose self-esteem and, consequently, their quality of life, have been affected by hair loss. Accordingly, just as it is absurd to reduce the hair restoration surgeon's role to that of a "technician," it is equally crude to suggest that one particular surgical technique represents a panacea for hair loss in every patient.

This brings me to the debate that often resurfaces around FUE (Follicular Unit Extraction) and FUT (Follicular Unit Transplantation). Both are different methods of harvesting; FUE involves extracting follicles one at a time using a small punch. Interestingly, the technique was developed by the Japanese in the 1940s but due to language difficulties did not reach the Western world until less than 20 years ago. Its major difficulty is the inability to see through the skin and so it is often called blind harvesting, leading to transection of follicles and less growth than expected in some cases. FUT is carried out by removing a strip of permanent occipital hairs that are then microscopically dissected by a team of well-trained technicians. Its drawback is that it takes time to train a number of technicians and to have enough work available for them so that they can be retained full-time.

Each technique has merits in some circumstances. However, the blanket use of FUE, which some describe as an evolution of the old "plug" method—albeit a smaller version—is inappropriate. Many established practicing hair restoration physicians understand that the learning curve to excellent FUE harvesting is much longer than with FUT, and frequently it does not produce the same results as microscopic harvesting and replanting of individual follicles that occurs with FUT.

But what of the physician who is just entering the field of hair restoration surgery or the prospective patient whose primary goal is simply to replace the hair that he or she has lost? These people aren't always equipped to question campaigns that suggest that FUE harvesting is the new gold standard in hair restoration surgery.

This is why the Executive Committee and Board of Governors of our 20-year-old Society are re-vamping their FUE Committee to educate young doctors and the public alike as well as making information available to balance "misleading promotions." The ISHRS will also develop a sub-committee to research further developments and write papers about FUE.

As shown by the inclusion of many presentations and a workshop on FUE at the upcoming Bahamas meeting, the ISHRS does not disregard this method, but rather, views it as just one aspect of hair restoration surgery. We are devoted to maintaining high ethical standards, to promoting excellence, and to our core educational function, which is to create surgeons who are fully cognizant and capable of all aspects of hair restoration surgery. Hence, along with FUE presentations, the Bahamas meeting includes lectures on all forms of donor harvesting, the latest scientific developments, pre-operative care, patient selection, graft storage, graft handling and preparation, placement, cosmesis, complications, and emergencies.

So what is "state of the art" hair restoration surgery about? The ISHRS advocates efficient hair restoration surgery and practice management, but it will not support methods that compromise ethical standards. To do anything less than ensuring that patients are offered the most appropriate individual solution is cavalier or, at best, prosaic.

The ISHRS will not stay quiet about anything that may potentially lure the unwary towards unsuitable treatments. ♦



Co-editors' Messages

Nilofer P. Farjo, MBChB Manchester, United Kingdom editors@ISHRS.org



In hair follicle biology, there are many contradictions. For example, dihydrotestosterone stimulates hair growth on the face but causes regression of hair on the scalp. Likewise, different subsets of thymic peptides and prostaglandins have been shown recently to have either stimulatory or inhibitory roles on human hair follicle growth.

If you look on the Internet, you will find many preparations containing thymus extract that claim to stimulate hair growth. However, research has shown that it's not quite that simple. Ralf Paus's group at the University of Manchester showed that the thymic peptides thymulin (TYL), thymosin β 4 (TB4), prothymosin α , and thymosin α 1 (TA1) all have regulatory effects on hair follicles with TYL prolonging anagen whereas TB4 and TA1 accelerate the onset of catagen. So potentially, if you could produce a preparation containing only TYL, you may be able to get hair growth.

Prostaglandins were first discovered and isolated from human semen in the 1930s. The Swedish scientist who discovered them believed they came from the prostate gland, hence the

name prostaglandins. Since then, it has been shown that they exist and are synthesized in virtually every cell of the body. There has been recent research into the role of prostaglandins in relation to hair follicle growth. We are well aware of the use of bimatoprost (Latisse[®]), which is a prostamide for eyelash growth, but we now have a publication reporting a prostaglandin that inhibits hair growth.

Recent work by Garza, et al. (Prostaglandin D₂ inhibits hair growth and is elevated in bald scalp of men with androgenetic alopecia. *Sci Transl Med.* 2012; 21(Mar) 4:126) examined bald scalp in comparison to haired scalp in men. It compared the two areas of the scalp and showed that prostaglandin D₂ synthase and prostaglandin D₂ (PGD₂) were elevated in bald scalp, which suggested an inhibitory effect. When they subsequently applied topical PGD₂ to mice with human hair explants, they found inhibition of hair growth. So potential clinical applications from this study would involve finding a blocker of this pathway.

The exciting prospect is that the more pathways that are found for either stimulation or inhibition of hair growth make it more likely that in the future we will not be limited by the use of only minoxidil and finasteride in treating AGA. ♦

William H. Reed, MD La Jolla, California, USA editors@ISHRS.org



What does Aristotle have to do with hair transplantation? Well, the ISHRS is all about quality through dialogue, sharing, and education. I know I owe the Society for insights into a broad range of subjects: the technical, the practical business aspects as well as the ethical considerations. Its methods of sharing can even result in a dialogue about happiness with one's practice. A satisfying practice may be all that

we can take with us when the day is over, so is there a formula for a happy, successful, satisfying practice?

Enter Aristotle and his concept of "Greatest Good." For him, an essential underlying quality is "Eudaimonia," which translates into the concept of "flourishing." How, then, does one achieve flourishing? For Aristotle, it is by identifying what qualities are one's strengths and one's heritage. For humans, in general, it is our ability to reason, an attribute he feels unique in the animal world. By reasoning, then, how do we get to this highest good?

Logically, the highest good cannot be a subset to anything else or that superset would replace it. What could the possibilities be? Money? That begs the question: "He was rich, but was he happy?" Money is the means to something else. Power? Same question begged: "He was powerful, but was he happy?" Honor? Honor is something bestowed upon a person by others rather than something contained within. How about happiness? "He was happy, but..., but what?" Happiness, then, is not a subset but rather "The Superset," Aristotle reasons.

So back to eudaimonia, flourishing, and the hair transplant surgeon: How does a physician thrive? Does an individual become a physician and find ultimate happiness by achieving money, honor, or power, or does he do it by striving for the ideals of the quintessential physician? What is it to try to imitate this archetype? I think it obvious that it be somewhere along the lines of making the patient happy not just by the procedure done to "heal" him or her, but, even more, for the patient's awareness of having had contact with a human being who put his or her interests first and gave advice accordingly.

I'm not saying that that is who I am, but, rather, that I see the wisdom of Aristotle's reasoning and insights. It is in these directions that a physician can strive to flourish and find happiness in life. Remain true to the high ideals of our heritage. Too often we get channeled into momentary priorities demanded by necessary (and unnecessary) demands such as loans or needs for our families, and then we forget to get back onto the Big Picture Track once those distractions are taken care of. The ISHRS has chosen the abstract principle, education, to try to create quality in hair transplantation. Physicians, often, are not the quickest learners since so many of us feel we already know everything. Nevertheless, perhaps in moments of unhappiness, education and an idea can have an impact, and gems of wisdom from the Ancient Elders can take root to generate a better life from striving to flourish as the quintessential physician. ♦

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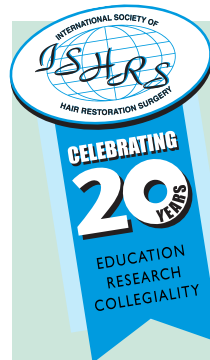
Editorial Guidelines for Submission and Acceptance of Articles for the Forum Publication

- Articles should be written with the intent of sharing scientific information with the purpose of progressing the art and science of hair restoration and benefiting patient outcomes.
- If results are presented, the medical regimen or surgical techniques that were used to obtain the results should be disclosed in detail.
- Articles submitted with the sole purpose of promotion or marketing will not be accepted.
- Authors should acknowledge all funding sources that supported their work as well as any relevant corporate affiliation.
- Trademarked names should not be used to refer to devices or techniques, when possible.
- Although we encourage submission of articles that may only contain the author's opinion for the purpose of stimulating thought, the editors may present such articles to colleagues who are experts in the particular area in question, for the purpose of obtaining rebuttal opinions to be published alongside the original article. Occasionally, a manuscript might be sent to an external reviewer, who will judge the manuscript in a blinded fashion to make recommendations about its acceptance, further revision, or rejection.
- Once the manuscript is accepted, it will be published as soon as possible, depending on space availability.
- All manuscripts should be submitted to editors@ishrs.org.
- A completed Author Authorization and Release form—sent as a Word document (not a fax)—must accompany your submission. The form can be obtained in the Members Only section of the Society website at www.ishrs.org.
- All photos and figures referred to in your article should be sent as separate attachments in JPEG or TIFF format. Be sure to attach your files to the email. Do NOT embed your files in the email or in the document itself (other than to show placement within the article).
- We CANNOT accept photos taken on cell phones.
- Please include a contact email address to be published with your article.

Submission deadlines:

August 5 for September/October 2012 issue

October 5 for November/December 2012 issue



Watch for it...

In celebration of the ISHRS's 20th anniversary, we are offering a special gratitude section in the *Forum*. The September/October 2012 issue of the *Forum* will have several pages dedicated to commemorative messages about the Society and its 20th anniversary!



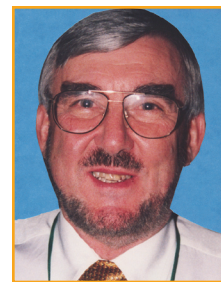
INTERNATIONAL SOCIETY OF HAIR RESTORATION SURGERY

Vision: To establish the ISHRS as the leading unbiased authority in hair restoration surgery.

Mission: To achieve excellence in patient outcomes by promoting member education, international collegiality, research, ethics, and public awareness.

Notes from the Editor Emeritus

Richard C. Shiell, MBBS Melbourne, Australia richard.shiell@googlemail.com



Editor's note: Commencing work in 1967, Dr. Shiell was, by 1969, one of the first surgeons in the world to confine his practice exclusively to hair transplantation. In 1984, he was co-author with Dr. O'Tar Norwood of the 2nd edition of the textbook *Hair Transplant Surgery*, and in 1993, he was one of the founders of the ISHRS. Dr. Shiell was editor of the *Forum* from 1996-1998 and received the Society's Golden Follicle Award in 1997. In 1999, he was presented with the Manfred Lucas Award. Along with ten others, Dr. Shiell was formally acknowledged as one of the *Pioneers in Hair Transplant Surgery* at a memorable ceremony during the 2002 Annual Scientific Meeting in New York. —WR



O'Tar Norwood and Richard Shiell meet up again in Melbourne, January 2012.

What message can I pass on to our Forum readers?

You are a very "switched-on" generation of hair transplant surgeons and you have carried the process to degrees of sophistication that were unimaginable 40 years ago. This has been due to the efforts of many people, but we also cannot undervalue the role of the *Forum* and the ISHRS in the dissemination of knowledge. Both were the product of a small group of unselfish individuals who were pleased and proud to share their knowledge with newcomers in past decades.

Our History

It is interesting to speculate how much sooner we would have arrived at the virtually undetectable hair transplants of today had the early Japanese pioneers continued their work and research. They had discovered by 1942 that small grafts were desirable and that these could be best obtained by slicing them from a "ship-shaped" strip. None of these pioneers was killed in the war, as previously supposed, but all were distracted by the wartime struggle for survival and, with more important matters in hand, never returned to transplanting hair.

In the West, hair transplantation was "re-discovered" by dermatologist Dr. Norman Orentreich around 1956, and it has gradually evolved to what we have today. Along the way, we have had many ups and downs as surgeons attempt to "push the envelope" in attempts to speed up or improve the process of hair restoration. Every change along the way met with resistance from the established practitioners, but we gradually capitulated as we realized that many innovations were leading to greater efficiency and cosmetic improvement.

Not all change led to improvement, however, and it was the occasional false lead that made established practitioners even more wary of anything new. Occasional necrosis in large flaps soon discouraged all but the most intrepid plastic surgeon from this modality. Perfect flaps were not immune from complaint

either, as the abrupt frontal hairline usually required further adjustment and careful styling.

Serial scalp reductions quickly eliminated large areas of bald scalp, but the resultant central scar was almost impossible to conceal and the ingenious Frechet Triple Flap procedure was developed to disguise it. This had its own complications in less than expert hands, however, and the entire scalp reduction procedure was gradually dropped from the regular hair restoration repertoire.

Auto-grafting was seen as the safe option, but here, too, innovation did not always produce improvement and experiments with laser-created recipient holes ended with the abandonment of that technique. As FUT strip-graft numbers grew past 2,000 and then 3,000, problems with wide donor site scar and recipient site necrosis became more common.

The Future

An amazing development has been the return to miniaturized punch grafting (FUE). In spite of the technical difficulties in obtaining near-perfect follicular units, the techniques have been refined and, in the hands of experts, appear to be very effective. Expensive automated machinery is being developed and marketed to speed up the procedure. The FUE technique leaves only miniature scars, but once again, when pushed to the limit, this cumulative tissue trauma and fibrosis becomes significant, and the complications of poor growth and tissue necrosis may arise.

Not all scalps are equal and some patients are quite unsuited for hair transplant surgery of any type. It requires considerable surgical experience and restraint to decide who is suitable and who should be steered away from surgical hair restoration.

If a patient is suitable, what is a safe graft-density for any individual? The decision cannot be commercially driven, as is so often the case. Some things are just too subtle to explain in textbooks or instruction manuals. Graft density is not the only factor involved and the thickness of the graft and the length, angle, depth, and direction of the slit are also important parameters to be considered in obtaining near-perfect results. A one-day course or a weekend spent in training is no substitute for a longer apprenticeship spent with an experienced hair transplant surgeon.

I fear that those who expect an automated and computer-driven machine to solve all these problems for them will be sadly disappointed. The years ahead should prove to be just as interesting as those of the past. ♦

In memoriam

from front page

received Gold Task Force Medals from Ronald Reagan for their efforts.

My father became more and more dissatisfied with the hospital administration and the attitudes of ungrateful patients. The litigious nature of medicine was rising, as were his malpractice insurance costs.

Marc was attracted to hair transplantation by the fact that he wouldn't be on call at night and legal worries were much less. In fact, patients were actually more grateful to gain hair than for having their lives saved! He became the Associate Medical Director under Dr. Bosley very soon after joining the Beverly Hills group back in the late 1980s.

My mom, Cheryl, was finally able to pursue some of those things she had always wanted to do in fashion and the culinary arts.

On the cause of Marc's death, Justin writes:

The official cause of death will most likely be attributed to a coronary occlusion, however, his friends seem comforted and at ease by saying he died of a "broken heart." Without Cheryl around he just wasn't the same person. The only bright spot after my mom passed was his involvement with the Masons where he had just finished his tenure as Secretary of his Lodge and achieved his 32nd degree in the Scottish Rite.

He loved the hair conferences for the camaraderie he had with so many in the ISHRS. He was especially drawn



Marc and Cheryl Pomeranz with Richard and Patricia Shiell (standing) and Marcia and Shelly Kabaker at ISHRS meeting in Barcelona in 1997.

to the Aussies. He had majored in English Literature and Zoology at college with a sub-major in Pre-Chaucerian English. Later, during the Vietnam War, he had visited Sydney a couple of times while on R&R. He even knew all the words of "Waltzing Matilda," which certainly endeared him to the Australian contingent at meetings. He was so proud to be a part of the Society and to have had a defining role in its origins.

Marc was so many things to me: mentor, teacher, listener, friend, colleague, and just plain Dad. During high school, I once blurted out, "You have young hair for an old guy." Then, history caught up with me, and he still had more hair than me at the end.

Vale Marc Pomerantz. We will miss you greatly!

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