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Best Photo Practices

The First Transplant Clinic in Mongolia

Follicular Transection Rate in FUT in Asians: 15 Years Later

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INTRODUCTION

Follicular unit extraction (FUE) is on the rise and patient numbers are almost approaching those of follicular unit transplantation (FUT) (Figure 1).¹ Many FUT surgeons question whether the transection rate in FUE, which has improved tremendously over the past few years, is too high compared to FUT. Using the S.A.F.E. System (surgically advanced follicular extraction), which is motorized FUE using a dull punch, Harris reported a transection rate of 6.14% (ranging from 1.7-15%).² In another study, robotic surgery produced comparable results with a transection rate of 6.6% (range, 0.4%-32.1%).³

Now the gun points to FUT whether the transection rate is even higher. At the ISHRS World Congress and AAHRS meeting, Dr. John Cole challenged the FUT surgeons to study their own transection rates to find out whether it is higher or lower than FUE.

Over the past few years, stereomicroscopes have become the standard for graft dissection in FUT. FUT can be done by blind harvesting. Described below, however, are some of the tools and techniques that decrease follicular damage in FUT harvesting.

One that is available is the Haber Spreader, which claims to have almost no transection. However, the scoring must be deep enough for the device to get inside and spread the incision.⁴ The deep scoring is blind, so presumably the transection rate will be higher. Dr. Robert Haber from the United States said a minimum of 2mm scoring is required, however, the depth of 2mm is probably not going to work well on Asian scalp as the skin is tougher and the follicles are longer (5.0-6.0mm).⁵

Dr. Arthur Tykocinski from Brazil uses the Intruder, which requires multiple perforations of the skin 4mm apart, but there is no report of transection rates.⁶ Dr. Kamran Jazayeri from Iran uses a spreader device that he designed himself, which, after superficial scoring in the plane of the epidermis, is followed by spreading and pushing apart the deeper skin layers with the spreader device. He reported minimum transection, but again, there is no official study.

Dr. Arturo Sandoval Carmarena from Mexico might be the first to use the hemostat mosquito forceps following superficial scoring of the scalp by opening and closing the forceps repetitively, which spreads the adipose tissue and follicles.⁷ Again, there is no formal study on transection.

In 2000, we explored the "open technique in donor harvesting" by the use of skin hooks, and the technique has since been refined with magnification, suction, and 4 skin hooks. The transection rate (before the use of stereomicroscopes) was 1.9%.⁸

Donor harvesting is getting more challenging as we are seeing more patients with repeat hair transplants. This is because the direction of hair follicles in scar tissue is often different and unpredictable. It is also harder to visualize the follicles in the scar tissue during donor harvesting and cutting.

We looked back at the past 15 years on PubMed Central® and realized that no new surgeons have studied the

FIGURE 1. Percentage of FUE and FUT carried out in 2014 by 239 hair surgeons who are members of the International Society of Hair Restoration Surgery.

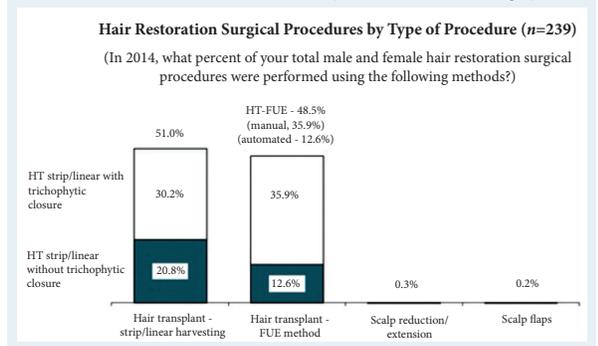


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