

# FORUM

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The Successful Treatment of Alopecia Areata with Platelet Rich Plasma in a Case of Twins with Genetic Risk for Autoimmune Disorders

Advances in Robotic FUE

Spotlight on the ISHRS Ethics Committee

## Redefining the “E” in FUE: Excision = Incision + Extraction

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Extraction in the purest form can be defined as “the action of taking out something, especially using effort or force.” In 2013, Dr. Parsa Mohebi and the FUE Research Committee published a report in the *Forum* (Vol. 23, No. 5, pp. 165-168) entitled, “Standardization of the terminology used in FUE: part I.” In it, they noted that the concept of FUE was first published in the tabloid newspaper “The Sun Herald” in Australia on October 15, 1995, in an advertisement for Dr. Woods & Dr. Campbell’s top-up microsurgical technique where the donor extraction was done one follicular unit at a time. The advertisement described the concept of FUE as “Hair Follicle Single Unit Extraction.” In 2002, Drs. Bill Rassman and Bob Bernstein published “Follicular Unit Extraction: Minimally Invasive Surgery for Hair Transplantation” (*Dermatol Surg.* 2002; 28(8): 720-727). They described the term FUE as “the removal of individual clusters of follicles from the donor area using a sharp dissecting punch or trephine.” Drs. Rassman and Bernstein described the way 1mm-diameter punch incisions were made to separate the hair follicles and remove them.

In those early years, the key question for surgeons was: How do we remove the follicles? Hence, the word “extraction” was appropriately used. This term also provided a significant marketing advantage as

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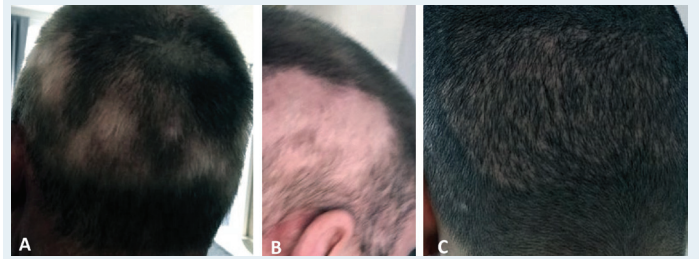
## Determining Safe Excision Limits in FUE: Factors That Affect, and a Simple Way to Maintain, Aesthetic Donor Density

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### Overharvesting and difficulties measuring variables affecting donor coverage

The explosive worldwide popularity of the Follicular Unit Extraction (FUE) method for donor harvesting (recently re-defined to reflect the more appropriate surgical description, Follicular Unit Excision) has contributed to an increase in patients affected by donor area overharvesting. This has resulted in serious cosmetic defects ranging from minor degrees of visibly moth-eaten donor areas to almost complete donor alopecia. A separate, but related, problem occurs when areas of focal donor necrosis are created by overly aggressive FUE. Figure 1 illustrates examples of various donor defects that have been seen post-FUE. Safe excision guidelines to educate doctors to avoid these complications do not currently exist. In an effort to guide medical practitioners toward safe limits of FUE, the Hair Diameter Index<sup>1,2</sup> and the Hair Coverage Value<sup>3</sup> have been proposed to aid in predicting FUE harvest limits based on hair shaft diameters and hair count/square centimeter.

FIGURE 1. Donor areas in A and B illustrate focal scarring and alopecia following FUE; C illustrates a “mottled” donor area appearance.



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Registration now open!

See page 33.

2018  
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