

IN THIS ISSUE

Oral Minoxidil for
Hair Loss: Update and
Perspectives

Complications &
Difficult Cases: Acellular
Porcine Urinary Bladder
Matrix Causing Multiple
Retinal Emboli in
Case Report for Hair

PLAN TO ATTEND!



31ST WORLD CONGRESS
NOVEMBER 1-4, 2023



Giant Congenital Melanocytic Nevus Correction: A Case Report

Marie A. Schambach, MD, FISHRS | *Guatemala City, Guatemala* | mas@schambachmedical.com;
Jose López, MD | *Guatemala City, Guatemala*

ABSTRACT

Giant congenital melanocytic nevi are usually an aesthetic challenge, especially in very exposed areas of the body. A multidisciplinary approach is suggested to achieve the best result for surgical management and long-term follow-up of these lesions. We present a patient with a frontoparietal giant melanocytic congenital nevus where reconstructive surgical treatment was thanks to the joint efforts between a plastic surgeon, who performed a partial excision W-plasty to re-create a hairline, and a hair restoration surgeon, who performed preview long hair FUE to achieve optimal scalp-nevus coverage.

Keywords: coverage value, giant congenital melanocytic nevus, hair density index, partial nevus excision, preview long hair FUE, scar revision, W-plasty

INTRODUCTION

Melanocytic nevi are benign proliferations of melanocytes arranged in nests in the epidermis, dermis, or in other tissues.^{1,2} A melanocytic nevus present at birth or that develops within the first two years of life is considered congenital.³⁻⁵

A giant congenital melanocytic nevus (GCMN) is generally defined as a congenital melanocytic lesion that will reach at least 20cm in adult life.^{6,7} It usually presents as a brownish lesion with well-defined borders and hypertrichosis. In newborns, it may have a lighter coloration and present with few or no hair follicles, occurring as a macule or as an elevated lesion.⁸ The surface of the nevus may be papular, roughed, warty, or cerebriform.⁹

Currently, the classification system proposed by Kopf et al is the most accepted. Although the reason for the choice of values is subjective, Swerdlow et al have shown in a retrospective study that malignant transformation occurred only in nevi with a diameter ≥ 20 cm.^{10,11} However, other studies have shown an increased risk of melanoma in patients with congenital nevi with smaller diameters (such as 5-20cm), and all of these lesions need to be followed carefully by a dermatologist.

GCMN, although a rare condition, is considered important for its association with severe complications such as malignant melanoma and central nervous system (CNS) involvement.¹² Although GCMN is considered a risk factor for the development of melanoma, the real incidence of malignancy is still controversial. It is estimated that the lifetime risk for developing melanoma for these individuals is between 5% and 10%.^{13,14}

These nevi also have important psychosocial impacts on patients and their families.¹⁵ A study evaluating psychosocial aspects of children with GCMN revealed that emotional or behavioral problems occur in up to 26% of cases, and social problems affect about 30% of patients.¹⁵ Deciding which is the best therapeutic approach in these cases also causes distress to the medical professionals involved due to controversies surrounding treatment of these lesions and the uncertainties regarding the risks of complications.^{16,17}

GCMN can be partially removed by procedures such as dermabrasion, skin curettage, tangential excision (shave excision), chemical peels, and laser treatments.¹⁸ These treatments serve a largely cosmetic purpose since only the most superficial cells of the lesion are removed.¹⁸ The recommendation of prophylactic surgical excision would be justified based on the assumption that melanoma may arise within the nevus. However, 50% of melanomas found in patients with GCMN occur elsewhere.¹⁹ Therefore, the removal of the nevus does not guarantee protection against malignancy.

TABLE OF CONTENTS

- 85 Giant Congenital Melanocytic Nevus Correction: A Case Report
- 87 President's Message
- 88 Co-Editors' Message
- 89 Notes from the Editor Emeritus: Dr. Robert Haber
- 93 Oral Minoxidil for Hair Loss: Update and Perspectives
- 95 Controversies
- 96 The Notable Articles Project
- 99 Hair's the Question: PRP for Hair Regrowth—New Thinking and New Data
- 101 Complications & Difficult Cases: Acellular Porcine Urinary Bladder Matrix Causing Multiple Retinal Emboli in Case Report for Hair Restoration
- 103 Literature Review: Effectiveness and Safety of Topical Finasteride in the Treatment of Androgenetic Alopecia
- 105 Message from the ISHRS 2023 World Congress Program Chair
- 107 Letter to the Editors
- 110 In Loving Memory of Dr. James B. DeYarman
- 115 Classified Ads
- 117 Calendar of Events

HAIR TRANSPLANT FORUM INTERNATIONAL

is published bi-monthly by the
International Society of Hair Restoration Surgery

First-class postage paid Milwaukee, WI and
additional mailing offices.

POSTMASTER Send address changes to:

Hair Transplant Forum International
International Society of Hair Restoration Surgery
1932 S. Halsted St., Suite 413
Chicago, IL 60608 USA
Telephone 1-630-262-5399
U.S. Domestic Toll Free 1-800-444-2737
Fax 1-630-262-1520

President	Kapil Dua, MBBS, MS, FISHRS president@ishrs.org
Executive Director	Victoria Ceh, MPA vceh@ishrs.org
Co-Editors	Natalie Kash, MD Luis A. Nader, MD, FISHRS forumeditors@ishrs.org
Managing Editor & Advertising Sales	Cheryl Duckler ishrsduckler@gmail.com

COLUMNISTS

ABHRS President's Corner	Ken L. Williams, Jr., DO, FISHRS
Controversies	Russell G. Knudsen, MBBS, FISHRS
Hair's the Question	Sara M. Wasserbauer, MD, FISHRS
Hear from the Assistants	Marwan Noureldin, MSc
How I Do It	Timothy Carman, MD, FISHRS
Literature Review	Guillermo A. Guerrero, MD
Meeting Review	Rachael Kay, MBChB
Message from 2023 ISHRS World Congress Program Chair	Gregory Williams, MBBS, FISHRS

The views expressed herein are those of the individual author and are not necessarily those of the International Society of Hair Restoration Surgery (ISHRS), its officers, directors, or staff. Information included herein is not medical advice and is not intended to replace the considered judgment of a practitioner with respect to particular patients, procedures, or practices. All authors have been asked to disclose any and all interests they have in an instrument, pharmaceutical, cosmeceutical, or similar device referenced in, or otherwise potentially impacted by, an article. ISHRS makes no attempt to validate the sufficiency of such disclosures and makes no warranty, guarantee, or other representation, express or implied, with respect to the accuracy or sufficiency of any information provided. To the extent permissible under applicable laws, ISHRS specifically disclaims responsibility for any injury and/or damage to persons or property as a result of an author's statements or materials or the use or operation of any ideas, instructions, procedures, products, methods, or dosages contained herein. Moreover, the publication of an advertisement does not constitute on the part of

ISHRS a guaranty or endorsement of the quality or value of the advertised product or service or of any of the representations or claims made by the advertiser.

Hair Transplant Forum International is a privately published newsletter of the International Society of Hair Restoration Surgery. Its contents are solely the opinions of the authors and are not formally "peer reviewed" before publication. To facilitate the free exchange of information, a less stringent standard is employed to evaluate the scientific accuracy of the letters and articles published in the Forum. The standard of proof required for letters and articles is not to be compared with that of formal medical journals. The newsletter was designed to be and continues to be a printed forum where specialists and beginners in hair restoration techniques can exchange thoughts, experiences, opinions, and pilot studies on all matters relating to hair restoration. The contents of this publication are not to be quoted without the above disclaimer.

The material published in the Forum is copyrighted and may not be utilized in any form without the express written consent of the Editor(s).

Copyright © 2023 by the
International Society of Hair Restoration Surgery,
1932 S. Halsted St., Suite 413
Chicago, IL 60608 USA

Printed in the USA.



Official Publication of the
International Society of Hair Restoration Surgery



President's Message

Kapil Dua, MBBS, MS, FISHRS | New Delhi, India | drkapildua@akclinics.com

Dear Friends & Colleagues,
The summers are already here in India, and I think for most of you, the temperatures are also rising. And so too has been our focus on education: both for our members

as well as for our patients at large.

For our members' knowledge and training enrichment, in conjunction with our Global Council member, the British Association of Hair Restoration Surgery (BAHRS), we have organized the ISHRS 2023 Europe Live Surgery Workshop. I invite you to attend this workshop, which will be held on June 12, 2023; details can be found at <https://ishrs.org/europe-live-surgery-workshop/>. If you cannot make it in person, we are offering a live streaming option—available from the comforts of your home—so you can still learn from the best surgeons in the world about different techniques of hair restoration. The live-stream option will also provide you the opportunity to ask your questions to the operating surgeons in real time.

Workshops are just one of the ways to learn new techniques; another is to spend time in the office of different surgeons and observe them doing their work in their home setting. This option could be difficult for those of us who might not know how to approach or find a colleague who we can observe and engage with. In order to bridge this gap, the ISHRS is starting the **ISHRS PRECEPTORSHIP PROGRAM**. This program will allow you to reach out to another doctor by applying through the ISHRS.

Our global patient education program to educate that “only the surgeons should do the surgery,” has moved to the next level, and we have done 8 live streams around the world. The next ones are coming up in China and Thailand. I would like to thank the Global Council members for their support and cooperation; our message is far reaching and is resulting in having patients ask, “Who is going to do my surgery?” I feel proud to share that the Global Council just completed 20 years of existence and is one of the largest congregations of hair transplant surgeons all over the world!

Moving on to the biggest educational piece of the year. The 31st World Congress is just 6 months away, and we are all waiting to welcome you to Delhi from 1-4 November, 2023.

I am happy to share that we have received the highest number of abstract submissions from our members in the past decade. This enthusiasm has been very heartwarming.

Hotel reservations have opened. Book your rooms before they are sold out: <https://31stannual.org/hotel/>.

Please keep in mind that you will need a visa to enter India. I encourage you to

apply as soon as allowed to avoid processing delays; for more information, go to <https://31stannual.org/travel/>.

We have got a tie up with a local PCO (Professional Conference Organizer) who will help you with the pre- and post-tours to different parts of India.

We are working hard to ensure that you enjoy the best sociocultural/educational event possible. On November 2, in addition to the Welcome Reception, we will have a dinner celebrating the cultures of North India. Here, you will have the opportunity to enjoy the Punjabi food, songs, and dance. We hope to make it a night steeped in culture that you will always remember as a highlight of your trip to Delhi.

Come enjoy the culture and heritage of India!



I encourage you to block your dates 1-4th November for our annual ISHRS World Congress. I thank you for your ongoing support to the ISHRS, and I look forward to meeting many of you in Delhi! ■

Get your visa now to enter India!





Co-Editors' Message

Natalie Kash, MD | Bellevue, Washington, USA;
Luis A. Nader, MD, FISHRS | Reynosa, Mexico |
forumeditors@ishrs.org

As the seasons shift around the world, we are reminded of the ever-changing nature of our planet. Examples include recent advances in our field as well as the development of emerging technologies that are likely to disrupt multiple industries. In one of our recent talks as co-editors, we discussed the increasing prominence of artificial intelligence (AI) and its potential applications in various fields. There seems to be great interest and investment by large corporations into technologies such as ChatGPT. As these technologies continue to advance, people and industries will gradually discover the most effective ways to leverage them. At present, there are numerous questions surrounding the reliability and ethical implications of AI. For now, we ask that all contributions to the *Forum* be written by human beings. There are still many errors described with using AI, such as incorrect or made-up references.

Currently, the standard is that AI-written pieces are not accepted for many scientific publications, but this may someday change. In fact, *Cureus* recently held a competition for a case report written by ChatGPT. Will the new norm be to have AI write something and then we edit and review what it has written? Will our writing process evolve to allow more efficiency? We have to be careful and cautious in medicine as human lives are in our hands. At the same time, it is important to stay current with innovation to improve care and communication between patient and doctor, all the while ensuring safety and compliance. If anyone has any thoughts on the role of AI in our field, we would invite you to submit a letter to the editor on this important topic.

Now, going back to human-written articles, we thank all who contributed to this issue. There are a number of fascinating articles featured, such as Marie Schambach and Jose López's case report on a multi-disciplinary approach for treating a giant congenital melanocytic nevus with hair transplant, Paulo Müller Ramos's hair loss update on low-dose oral minoxidil, and Aniketh Venkataram and Venkataram Mysore's letter advocating for the use of "perpendicular" and "parallel" as primary terms for describing slit direction. Be sure to read the messages from ISHRS President Kapil Dua and World Congress Program Chair Gregory Williams, who discuss exciting updates on the ISHRS and the World Congress in Delhi. Editor Emeritus Robert Haber examines the concurrent declining interest of

most dermatologists in hair transplant despite its roots and the rise of many innovative non-dermatologist hair surgeons advancing the field. The Notable Articles Project reviews the 2016 article by Marco Barusco, "Follicular Unit Transplantation on Irradiated Scalp—A Follow-up on a Previous Case Report," with a commentary by Spencer Hawkins, Adam

Leavitt, and Matt Leavitt on hair transplant considerations in areas of scarring specifically after radiation. In his Controversies column, Russell Knudsen emphasizes the importance of advocating for hair transplant as a unique and niche field, including government regulation and malpractice coverage for its surgeons. In Literature Review, Guillermo Guerrero summarizes the available evidence on topical finasteride. In Hair's the Question, Sara Wasserbauer offers useful questions and answers on platelet-rich plasma (PRP).

We also want to highlight that we are restarting the Complications & Difficult Cases column. In his contribution to this column, Sam Lam discusses a recently published case report on retinal emboli following scalp injections with acellular porcine urinary bladder matrix. Dr. Lam's timely submission underscores the journal's role in facilitating efficient communication of important information and updates between conferences for hair transplant surgeons. If you have information, updates, difficult cases, or complications that you would like to bring to the attention of other hair surgeons, we encourage you to submit a write-up to the *Forum*.

For those preparing a presentation for the World Congress, please also consider submitting your work as an article to the *Forum*. To download the author release and guidelines forms that need to accompany your submission, please go to <http://www.ishrs-htforum.org/content/authors>.

We invite all members to share their expertise and knowledge by submitting articles to our bimonthly journal. This is a great way to showcase your work and ideas to your colleagues. Your contributions will help keep our community informed and up-to-date on the latest developments in the field. Send your submission to forumeditors@ishrs.org.

We hope to see you all in India this November! ■



We have to be careful and cautious in medicine as human lives are in our hands. At the same time, it is important to stay current with innovation to improve care and communication between patient and doctor, all the while ensuring safety and compliance.