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IN THIS ISSUE

Printable Hairline Designs and Hectographic Templates: Novel Tools for Hairline Creation and Graft Placement in Men

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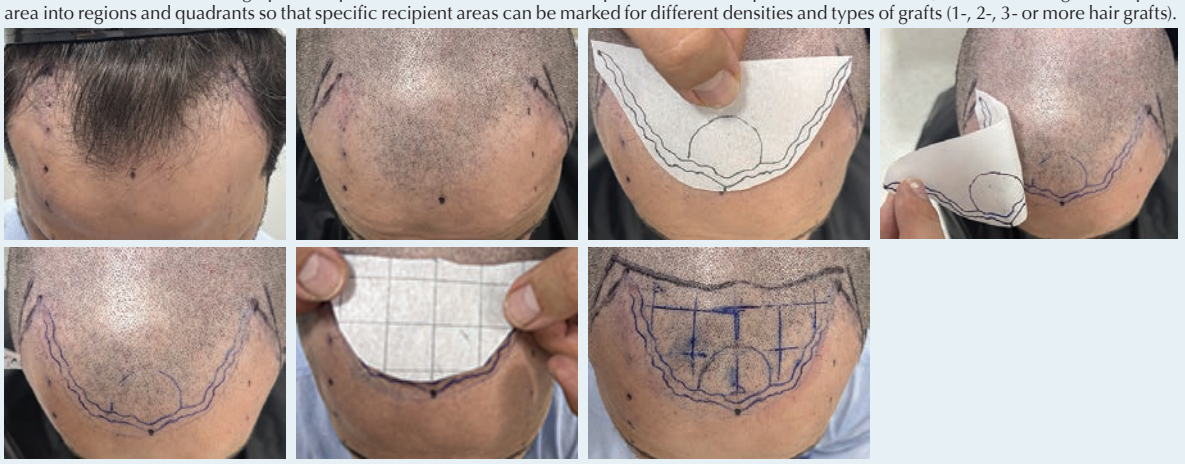
ABSTRACT

Achieving a natural-looking hairline in hair transplantation requires both artistic skill and surgical precision. This article presents a novel method that utilizes printable design templates to standardize and optimize hairline creation and hair follicle graft distribution in male patients. Two key templates are introduced: Design I for hairline planning, incorporating defined anatomical and aesthetic landmarks (midfrontal point, frontotemporal points, widow's peak, defined zone, and tuft area); and Design II, a 2 × 2cm recipient area grid that facilitates precise measurement and graft density planning. Templates can be custom-made by the treating surgeon, adopted from other physicians, or modeled after real hairlines, including those of non-bald individuals. These designs are stored in a digital database and printed onto thermal tattoo transfer paper using a dedicated app. Once applied to the scalp with a specialized transfer solution, they provide consistent, reproducible, and aesthetically pleasing guides for surgery. This system enhances accuracy, reduces planning time, and supports less experienced surgeons in delivering high-quality results. Future integration with artificial intelligence could further automate design selection and customization based on individual patient characteristics.

INTRODUCTION

Extensive knowledge and considerable time are required to design a hairline that looks natural and attractive. It is also challenging to divide the recipient area into regions that will receive follicular units (FUs) with different densities. We present here a solution utilizing design templates to make these tasks faster and more precise in men (Figure 1).

FIGURE 1. Customized hectographic templates allow for the efficient and precise transfer of personalized hairlines, and for dividing the recipient area into regions and quadrants so that specific recipient areas can be marked for different densities and types of grafts (1-, 2-, 3- or more hair grafts).



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President's Message

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To Boldly Go: A Presidential Reflection on Ethics, Unity, and Progress

As I conclude my tenure as president, I am pleased to acknowledge the dedicated efforts of our ISHRS members in their committee and task force roles. This collective unity is the cornerstone of our society's exceptionality.

Recently, an ISHRS WhatsApp discussion centered around the issue of the black market. It is imperative that we remember our shared mission as members of the ISHRS: to provide the highest quality patient care and operate in an ethical manner. Our society upholds ethical principles, and we trust our members to uphold these standards for their patients.

> ***…I am pleased to acknowledge the dedicated efforts of our ISHRS members in their committee and task force roles. This collective unity is the cornerstone of our society's exceptionality.***

However, it is crucial to recognize that illegal and unethical operations, including the black market, persist globally. Even in my own jurisdiction, Florida, I have observed instances where technicians from foreign countries operate without a doctor present. Consequently, we are taking steps to bring this matter to the attention of the Board of Medicine.

In Brazil, at the first Latin American Hair Restoration meeting open to all doctors, I received reports from our Dominican colleagues regarding the expansion of new clinics despite some closures. Unfortunately, the black market in Brazil is worsening. Therefore, we must continue with our Fight the FIGHT (FTF) campaign to combat Fraudulent and Illicit Global Hair Transplants and bring these fake clinics to the attention of local medical boards.

Furthermore, I have received information from doctors who were delegating to technicians and were made aware of the FTF campaign. This revelation prompted them to modify their practice model, where only doctors now perform surgeries.

To enhance our professional standards, we should consider taking the International Board of Hair Restoration Surgery exam in Berlin. This certification will elevate our own credentials, regardless of our background or specialty.

Additionally, we are aware of clinics misusing the ISHRS logo for certificates or training purposes. We request that members report such instances to us. The ISHRS will take legal action to protect the integrity of our logo and hold those responsible accountable for their actions.

As an international society, we have extraordinary ISHRS doctors performing world-class hair restoration in their respective countries. A comment recently was made in an external WhatsApp group regarding why patients would travel to another country. While some of these countries may be labeled as low- and middle-income countries, the results from our members are outstanding. Our pillar of collegiality demands that we respect all of our members and the great work that is done despite geographic location. I have sent many patients who desired to travel, were seeking a more competitive price, or had family in other countries to international colleagues.

The future of the ISHRS is in good hands, as I see many emerging young doctors with a passion for advancing our field. I welcome all of you to be involved.

I commenced my inaugural forum presidential message by drawing a parallel to the Star Trek Enterprise, likening the ISHRS spaceship advancing hair transplantation to a journey where no man (or woman) has ventured before. This will be the focus of the Berlin conference, which will adopt a new format.

I am proud and honoured to have served as your president. Let us maintain the unity of our specialty and continue to expand on this theme year after year. ■

Co-Editors' Message

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As we enter the fall season and finish the September/October issue of the Forum, it is hard to believe this is our second to last issue as co-editors. It has been an incredibly educational and fulfilling experience. We have learned so much from our members and their submissions to the Forum. It's always inspiring to see the diversity in approaches and techniques that contribute to the exchange of knowledge, techniques, and practical tips among ISHRS members. We hope that the Forum helps to enrich and enhance your clinical practice through easily accessible and relevant updates to hair science, the medical diagnosis and treatment of hair loss, and advances in surgical techniques.

Dr. Mauro Speranzini's lead article outlines a new method and technology for designing hairlines in men. Building on this, templates can be further improved, customized, and applied to other patient groups. The techniques and technology described enable hairlines to be modeled after those of other individuals or experienced surgeons. This has the potential to increase the efficiency of hairline design and improve quality among newer hair restoration surgeons. However, it is important that less experienced surgeons continue to understand their own or their team's limitations and continue to approach cases conservatively and appropriately.

A theme that emerged this issue is technological advancement. It is increasingly important for the members of our field and the public to understand the need for appropriate training and experience in hair loss and restoration. Technological advances alone, without the necessary background knowledge and skill, can lead to a false sense of confidence among individuals, both new surgeons and technicians, in aggressively practicing hair restoration. The most advanced technologies, without the appropriate scientific and clinical background knowledge and surgical expertise, still pose a risk to patient outcomes and safety. These are exciting new tools, but as always, they need knowledgeable and experienced users to be used appropriately.

In his message, ISRHS President Dr. Ricardo Mejia emphasizes the importance of qualified surgeons performing hair restoration in an ethical manner. He calls on ISHRS members to stay unified in upholding the highest standards by protecting hair transplant quality and patient safety through battling illegal and unethical practices and the black market.

Editor Emeritus Dr. Russell Knudsen explores recent advancements in trichoscopy, including the use of artificial intelligence and improved quantitative analysis techniques. He highlights the growing importance of analytic trichoscopy in patient evaluation, education, and monitoring treatment response. Thanks to these innovations, analytic trichoscopy is now more accessible and easier to integrate into routine clinical practice than ever before.

This issue covers clinically relevant information on both eyelash and brow loss and transplantation. Dr. Rene Alejandro Rodriguez Forero and colleagues describe their techniques for performing eyelash transplants, and Dr. Sara Wasserbauer's *Hair's the Question* reviews your knowledge of important facts on eyebrow loss diagnosis and surgery.

The management of medications peri-operatively is also discussed in the issue. Dr. Japhlet Aranas offers a review of glucagon-like peptide-1 receptor agonists and considerations in the peri-operative period, and guest columnists of the *Controversies* column, Drs. Jennifer Krejci and Victoria Ayodele, challenge the common practice of routine post-operative antibiotic prescription by providing a review of relevant evidence. In *Letters to the Editors*, Drs. Luis Roberto Trivellini and Marcelo Pitchon clarify the history of the development of the long hair FUE technique. Dr. Martha Contreras's *Literature Review* looks at evidence on hair supplements, and Dr. Ratchathorn Panchaprateep's *Insights Into Trichoscopy* showcases two case studies to allow the learning and application of trichoscopic knowledge.

Getting us excited for the 2025 World Congress in Berlin, Program Chair Dr. Sam Lam updates us on the unique new elements of this upcoming meeting including the masterclass structure and short- and long-form videos, and he emphasizes our focus on membership unity. We want to thank Dr. Lam, the committee, and the ISHRS team for their hard work in preparation for the World Congress.

Rounding out this issue are important ABHRS updates in Dr. Rana Irfan's *ABHRS President's Corner*, and Dr. Mauro Speranzini's review of the 16th Annual Hair Transplant 360 Workshop.

We are looking forward to the upcoming meeting in Berlin and hope to see you there! ■

Notes from the Editor Emeritus, 1999–2001

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Why AI-Assisted Trichoscopy Should Be Our Next "Must Have"

We all probably know the saying, "A picture speaks a thousand words." This recognizes that we as humans usually assimilate information better visually rather than audibly. This is especially true when we are conveying information that is sometimes difficult to comprehend without background knowledge of a subject. Our consultations are an excellent example as we discuss scientific terms and concepts that can seem incomprehensible to our patients. We must choose our words carefully to convey the information in a form that is clearly understood. I learnt long ago the value of trichoscopy in my consultations as it conveyed clearly the concept of follicular units, what terminal hairs look like, what miniaturization looks like, and the ability to compare healthy hair regions (e.g., the occiput) to thinning regions. Not to mention the importance of the ability to demonstrate how "invisible" silver hairs can be on the scalp creating the illusion of "thinning."

> ***…Trichoscopy is invaluable in visually demonstrating to all our patients—both medical and surgical—the baseline degree of thinning and its progression, or lack thereof, over time. In addition, for some patients, it is visual proof of improvement.***

In recent years, we have had access to analytical tools that quantify our trichoscopy. Tricholab and Canfield DX 300 are examples of tools that have been used by colleagues to quantify their research results. The accuracy of these tools isn't perfect, and it does require perfectly reproducible landmarks to ensure the same area is being examined. That said, it is certainly a major improvement on manual hair counts and global photography when assessing treatment responses. The ability to classify hairs by their shaft diameter is a significant benefit in assessing patient response.

Although the cost of some tools may be prohibitive, newer alternatives are becoming available to accommodate a wider range of budgets. GroTech is an example of a newer portable assessment tool that is more economical to purchase and likely in the budget for many of us to utilize in our practices.

I believe AI-assisted trichoscopy should be widely adopted in clinical practice, not just when conducting research. Trichoscopy is invaluable in visually demonstrating to all our patients—both medical and surgical—the baseline degree of thinning and its progression, or lack thereof, over time. In addition, for some patients, it is visual proof of improvement. That said, many patients, especially young men, are reluctant to be reassured by our observations.

It is a consistent feature of my practice that many men on finasteride do not believe it is working and that they are continuing to thin. The original research showed 86% of men were stable at 12 months and 83% were still stable at 2 years. We should acknowledge that this was based on global photography. I have nowhere near that feedback from my patients despite my observations, reassurance, and global photographic evidence. This stems in part from a misunderstanding of normal shedding as hair loss, but also reflects a psychological response rooted in trauma and fear about continued loss. It becomes a source of ongoing anxiety, and we know that stress is potentially a negative feedback loop for shedding.

While I'm not suggesting that analytic trichoscopy be used for every patient, the additional feedback provided by AI-assisted trichoscopy can offer valuable reassurance to some patients and is well worth the effort. Additionally, it enables us to assess the true effectiveness of our therapies and make more informed, evidence-based treatment decisions. ■