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AMA Update: Key Policy Issues Impacting Hair Restoration

ISHRS Reaches Historic Milestone: 1 Million Annual Visitors to ISHRS.org as Global Authority Grows



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## Long-Term Multimodal Reconstruction of Extensive Post-Burn Scalp Alopecia Using Tissue Expansion and Follicular Unit Extraction: A 10-Year Follow-Up Case Report

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### ABSTRACT

**Introduction:** Extensive scalp wounds following trauma, particularly burns, present a significant reconstructive challenge. Multidisciplinary long-term care is required to restore function and aesthetics while minimizing complications.

**Methods:** We report a 35-year-old male with second- and third-degree burns covering 70% of his body, including face, trunk, and upper limbs. Scalp reconstruction involved tissue expansion, rotational flaps, partial-thickness skin grafts, and multiple follicular unit excision (FUE) hair transplant sessions.

**Results:** Scalp expansion and flap rotation reduced scarred areas but left residual alopecia, which was successfully treated with four FUE sessions (totaling 2,946 scalp and 1,468 beard follicular units), achieving near-complete restoration. Graft survival was satisfactory, and the patient regained functional and aesthetic outcomes, with reintegration into social activities.

**Discussion:** Multimodal reconstruction, including biologic dressings, scalp expansion, and staged hair transplantation, is effective for post-burn scalp alopecia. Challenges include reduced vascularization, fibrosis, tissue rigidity, prolonged hospitalization, increased risk of infection, and other clinical complications, which require careful planning and multiple procedures to optimize graft survival.

**Conclusion:** Complex scalp reconstruction in burn patients is feasible with a combination of advanced wound care, tissue expansion, skin graft, flap rotation, and FUE transplantation, leading to durable aesthetic and functional outcomes.

**Keywords:** burn injury, chronic wound, flap rotation, follicular unit excision (FUE), hair transplantation, scalp reconstruction, skin graft, tissue expansion

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### INTRODUCTION

Extensive scalp burns often result in permanent cicatricial alopecia, posing significant reconstructive challenges. A simple surgical approach with scalp expansion and flap rotation may not be sufficient for adequate scalp coverage, and hair transplantation in scarred areas may be limited by poor graft growth in the post-operative period, hindering the achievement of natural hair restoration. Advances in hair transplantation<sup>1-6</sup> allow new strategies in the rehabilitation of burn survivors. We present a 10-year follow-up case of a male patient with extensive post-burn scalp alopecia successfully managed with combined surgical techniques.

### CASE PRESENTATION

A 35-year-old male sustained second- and third-degree burns over 70% of his body surface (face, upper limbs, and trunk) in 2014, requiring a 4-month ICU stay (Figure 1). The burns were intentionally caused by another person, who poured boiling water and oil over the patient while he was sleeping on his side, with the left side of the body facing upward and sustaining most of injuries.

During hospitalization, the patient underwent 17 debridements of necrotic burned tissue, 33 wound dressings under general anesthesia, and 6 skin graft procedures covering the thorax, face, left ear, scalp,

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Controversies	Russell G. Knudsen, MBBS, FISHRS
Hair's the Question	Sara M. Wasserbauer, MD, FISHRS
How I Do It	Timothy Carman, MD, FISHRS
Insights Into Trichoscopy	Ratchathorn Panchaprateep, MD, PhD, FISHRS
Literature Review	Martha Gabriela Contreras, MD, PhD
Message from the ISHRS 2026 World Congress Program Chair	Maxim Chumak, MD, FISHRS

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## President's Message

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# Integrity and Excellence in a Changing Landscape—Your Invitation to Shape the ISHRS's Educational Future

The field of hair restoration surgery is changing quickly, and not always for the better. As patient expectations become increasingly unrealistic and competition from unqualified providers intensifies, our dedication to providing high-quality, ethical, and safe hair transplants becomes more important than ever.

### ***The Power of Collaborative Education: By Our Members for Our Members***

As a global leader in excellence and integrity, the ISHRS is dedicated to maintaining the highest standards in our field. Education—one of the core pillars of the ISHRS—is vital for fulfilling our mission and protecting both our specialty and our patients.

At the ISHRS, we believe in the power of collaborative education created by our members for our members. In recent years, we have expanded our collaborative programs and built an integrated “educational ecosystem.” Participants can now earn ISHRS membership points by attending our partner events, and each event benefits from the ISHRS's endorsement and outreach, with your President attending whenever possible.

### ***Three Formats, One Commitment***

As President, I invite all ISHRS members and members of our Global Council (GC) societies to join us in our educational initiatives. With this collaborative spirit, I am pleased to introduce our three primary educational partnership formats available through the ISHRS.

**1. ISHRS Regional Workshops: Local Leadership, Global Standards:** ISHRS Regional Workshops, our longest-standing partnership model, are organized and led by individual members to tackle region-specific challenges. Supported by the ISHRS, these engaging, multi-day workshops feature live surgery demonstrations, targeted lectures, and interactive discussions.

Recently, the Repair Workshop in Bucharest, led by Drs. Felix Popescu and Marco Barusco, demonstrated how local leadership can promote ethical and impactful education. I witnessed firsthand the value this model offers to both clinicians and patients.

**2. ISHRS GC Society Workshops: Elevating Local Meetings Internationally:** Our second workshop format highlights the pivotal role of Global Council societies in advancing education worldwide. They can now apply to have their meetings recognized as “ISHRS GC Society Workshops.” These events, while organized locally, adhere to ISHRS standards and are promoted globally, attracting international participation.

For example, the Association of Hair Restoration Surgeons–India (AHRs–India), a Global Council member, will

host its “Haircon” from February 13-15, 2026, in Chennai. It promises innovative content and live surgical demonstrations. As ISHRS President and invited faculty, it is a great honor for me to represent the society at this event.

**3. ISHRS Live Surgery Workshops: Raising the Bar for Practical Learning:** The “ISHRS Live Surgery Workshop (LSW)” is our third joint program, emphasizing immersive surgical training. During their annual meetings, our GC societies can now host an ISHRS-managed live surgery day that features expert faculty and real patient cases.

For instance, the day after the Italian Society S.I.Tri.'s renowned biannual meeting in Rome, on May 24, 2026, Drs. Bruno Ferrera and Laura Caicedo will chair an ISHRS LSW. Our ongoing partnership with S.I.Tri. is now in its third year, highlighting the lasting value of collaborative education. I am deeply honored to represent the ISHRS at this exceptional event as both a faculty member and as ISHRS President.

### ***The Value of Participation***

These collaborations have a clear mission: to provide the best possible education for our members, focusing on delivering high-quality treatment and ethical hair restoration surgery. Whether you attend, teach, or organize a workshop, you'll gain valuable clinical insights, uphold the highest standards of patient care, benefit from the expertise of our diverse international faculty, and develop lasting professional relationships. You won't regret joining us on this exciting journey.

### ***The Epitome of Collaborative Education: The ISHRS World Congress 2026 in Rio***

Our legendary World Congresses exemplify our collaborative philosophy of excellence and integrity. The 2026 ISHRS World Congress will take place in Rio de Janeiro, October 15-18, 2026, led by Dr. Maxim Chumak. As highlighted in his first Program Chair's message in this issue, this event aims to provide a world-class experience and inspiring exchanges, once again affirming our position as the leading hair restoration society. Additionally, thanks to our collaborative efforts, the Brazilian Association of Hair Restoration Surgery (Associação Brasileira de Cirurgia de Restauração Capilar [ABCRC]) will graciously host a live surgery day at a clinic in Rio.

### **LOOKING AHEAD**

Our outstanding educational initiatives lead our field. Together, we are not only raising standards but also setting them. As we look forward, let us continue to inspire each other, uphold our shared values, and guide our specialty with unity, integrity, and excellence. The most significant chapters of the ISHRS are still ahead. ■



Vikram Jayaprakash



Venkataram Mysore

## Co-Editors' Message

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### A Changing of the Guard

Happy new year everyone. On behalf of Dr. Venkataram Mysore and myself, we wish all our readers the very best for 2026. This issue of the *Forum* marks a new chapter in its illustrious history. As the new co-editing team, we have been frantically trying to learn the ropes and appreciate all the time and effort that goes into putting together every edition of the *Forum*. We are grateful to our stalwart team member, Cheryl Ducker, who remains the backbone of this amazing publication. Outgoing editors Drs. Natalie Kash and Luis Nader have expertly guided the ship for the past three years and have left big shoes to fill.

The new year brings new posts and a changing of the guard. We look forward to serving alongside ISHRS President Dr Conradin Von Albertini. In his President's Message, he outlines his vision for one of the founding principles of the ISHRS: education. It is vital that we embrace the concept of education for all our members—both those new to the field and those with experience—in order reinforce the ISHRS's role as the world's leading organisation in the field of hair restoration. Numerous events are being organised across the globe over the course of the year to facilitate this goal, and the *Forum*, which includes both scientific content and society news, plays a role in promoting education.

We also mark the first message from the new President of the ABHRS, Dr. Shady El-Maghraby. He has long been part of the Executive Committee, and we can be confident that the ABHRS is in good hands under his leadership. In his message, he outlines the vision of the ABHRS to make the examination more accessible to candidates across the world. An immense amount of work has gone into the prospect of being able to deliver both the written and oral components of the exam virtually whilst still maintaining the robust standards of the exam. This will no doubt promote the popularity of the exam and will hopefully result in an increase in the number of doctors who are willing to work towards getting this important qualification. As a quick side note, if you are preparing to take the ABHRS exam, then a valuable resource is undoubtedly Dr. Sara Wasserbauer's column: *Hair's The Question*. In this edition, she guides us through the complex world of dutasteride and its administration through meso-therapy.

In our excellent lead article, Drs. Solon Eduardo Gouveia Souza and Mauro Speranzini outline a 10-year follow-up on a complex reconstructive case involving extensive

burns. As you read through the article, we hope that you will appreciate the immense skill in both planning and execution that has gone into managing this case. The case required a multi-disciplinary approach, and they have used every tool in the toolbox to create an outcome (especially for the patient) that is literally life changing. It is a common (mis)conception that with regard to surgical technique, the advent of FUE has ushered in a so-called "changing of the guard." This case report demonstrates the need for a surgeon to be skilled in all surgical techniques in order to provide the best outcome for our patients.

To continue our "changing of the guard" theme, our second article looks at a novel way to deliver medication using a tattoo machine-assisted device. The holy grail of medical therapy is to deliver medical therapy in a way that promotes maximal effect at the receptor level whilst reducing the incidence of side effects. The use of a tattoo machine-assisted device could hold promise in this regard and may usher in a new category of devices that we can deploy to maximise the outcome for our patients. We are grateful to Dr. Pablo Cirino for sharing his experience in this field.

So, onwards and upwards. Thank you for supporting the *Forum*. We hope that you enjoy this edition, and we look forward bringing you more fascinating articles and pearls that will impact and influence how you practice in this fascinating field of medicine. ■



## Notes from the Editor Emeritus, 2023–2025

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### The ISHRS Connection: Why Our Camaraderie Is as Crucial as Our Technique

Having just returned from the 33rd ISHRS World Conference in Berlin, I find myself in that familiar post-conference state of exhaustion. My phone is filled with notes of tips and tricks and photos of slides that I need to review. Yet, as I reflect on the days behind, what resonates most profoundly is not a new technique or a PowerPoint slide; it's the warmth of the meeting.

Every year, my wife Erika and I move heaven and earth to attend this conference. I tell my staff it is strictly for professional development, to remain on the cutting edge of our field. That is true, of course. But if I am honest, the primary reason is the reunion. It is the chance to see old friends, share a drink with mentors, and dine with colleagues who truly understand the unique pressures of our specialty. For years, I viewed this social component as a bonus to the scientific agenda. However, emerging research suggests that these moments of connection are not mere pleasantries; they are a biological necessity for our longevity as practitioners.

We are, by nature, data-driven professionals. We obsess over follicle growth and coverage in our patients. It is time we apply that same scientific lens to our own well-being. We often spend long days in our private practices, carrying the weight of patient expectations and surgical outcomes. This isolation is physiologically expensive.

A groundbreaking study published in late 2025 led by Dr. Anthony Ong at Cornell University provides concrete biological evidence for what we feel intuitively in those Berlin seminar rooms. Utilizing data from the extensive Midlife in the United States (MIDUS) study, a massive, long-running national study that tracked over 2,100 adults for several decades, researchers introduced the concept of "Cumulative Social Advantage." They found that individuals with consistent, high-quality social ties across their lifespan were biologically younger than their isolated peers at a cellular level. Specifically, strong and diverse social connections were linked to slower cellular aging (epigenetic changes) and lower levels of Interleukin-6, a marker of chronic inflammation linked to heart disease, diabetes, and dementia.<sup>1</sup>

During our meetings, when we laugh with a colleague over a shared surgical challenge, we are not just "venting"; we are actively dampening inflammation that would otherwise deteriorate our cardiovascular and cognitive health over time.

This biological reality is further supported by the legendary Harvard Study of Adult Development, which is the

longest running scientific study on human happiness ever conducted (an 87-year-long study currently led by Dr. Robert Waldinger). In their findings, they coined the term "social fitness," arguing that tending to relationships is as vital to health as physical exercise. Waldinger's research highlights that strong relationships function as stress regulators.<sup>2</sup>

When a surgeon faces a complication or a difficult patient, the body enters a chronic fight-or-flight state, flooded with cortisol. Without a trusted network of friend and colleagues to help de-escalate that stress, the body remains in a corrosive state

of high alert. The camaraderie we build at our world conferences acts as a buffer, a necessary biological reset that allows us to return to our practices resilient and sharp.

Furthermore, this science demands we look at our patients through a wider lens. We are all witnessing the unsettling trend of younger men and women presenting for consultations already medicated with anti-anxiety and antidepressant therapies. As we know, hair loss is deeply tied to identity and self-esteem, often driving patients toward isolation.

If, as the Harvard study notes, loneliness carries health risks comparable to smoking or obesity, we must recognize that the inflamed, stressed-out patient is a poor candidate for optimal healing from a surgical procedure. While we treat the scalp, we must acknowledge that their psychological "social fitness" impacts their physiological outcome. Understanding the biology of connection makes us more empathic, holistic doctors.

As we unpack our bags from Berlin and return to our offices, let us value the science of connection as highly as the science of hair restoration. Those handshakes and shared meals are not time away from our work; they are the fuel that sustains it. By prioritizing our professional community, we are investing in the very biological resilience required to serve our patients for decades to come.

Looking forward to seeing all of you *Forum* readers at the next ISHRS regional workshop or Congress!

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