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"And now, back to the main game"

In our last issue we revisited the alopecia reduction procedure that had not been enjoying widespread popularity in the past two to three years. In this edition, we are back with mini and micro-grafts to review the major changes that are taking place with this technique.

While the surgeons have been agonizing over better ways of shrinking bald areas and minimizing scars, the micro-grafters have been buying microscopes. Bob Limmer told us how to do it in 1993 (see Forum Vol.3, No.3) but it all seemed too hard and too much trouble at the time. He wrote it up in Stough and Haber's book last year and has slowly been gaining converts worldwide.

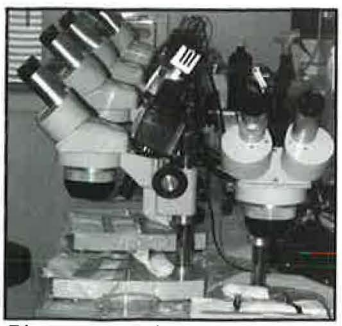
Always looking for a "better mousetrap," hair transplant perfectionist David Seager from Canada has been to visit Bob in San Antonio, Texas. David, too, is a convert to microscopic dissection and tells us why in this issue.

If you are still not convinced that the future lies with meticulously dissected pilosebaceous units, the Mosers may provide you with a middle ground. In an update on their pioneering megasession paper of four years ago, the Moser Group shows what wonderfully natural results can be achieved with carefully prepared, small minigrafts without microscopes. (It remains to be seen if they become converts to this new technology in the year ahead.)

There is probably not a lot of difference in results to the observer but there is certainly twice the workload in microscopically dissecting the pilosebaceous units. David Seager says that the main advantage is that there is less follicular wastage when using the microscopes and this will be an important factor if the bald area is large and the donor follicles in short supply.

Finally, and just before you switch to techniques involving more intensive preparation and handling of your grafts, there comes a timely warning from Joe Greco. He shows us in a pilot study that careless handling is more hazardous to the health of small grafts than to larger grafts. The implication of this is that it is not just a matter of buying a bunch of microscopes and throwing more surgical assistants at the problem but that they are going to have to be trained to use a very light touch. It may be that the Choi Implanter or some other implantation device will at last find a place in mainstream hair transplantation.

— Editor



Dissection microscopes

Microscopes in use

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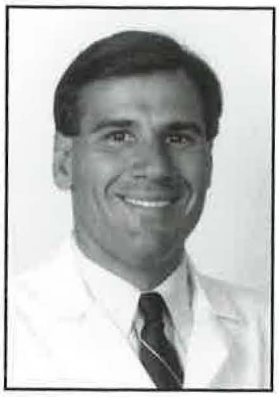
by Robert T. Leonard, DO, Cranston, Rhode Island



What a year! That is my initial thought in reflecting back on this past year as president of the ISHRS. It has been a challenging experience for me, my family and my staff. I know that most of you do not realize (because I hadn't myself) how very much time and energy it takes to lead such a diverse and literally worldwide organization.

There are always bumps along the path, which can be quite distressing. And, we've had a few this year ourselves. The most difficult one was a rather sudden change in the executive staff position at our headquarters in Schaumburg. With the experience and guidance of Cheryl Nordstedt and the quick-to-learn expertise of our new Executive Director, Christina Achziger, we are completing this year stronger and in most capable hands.

Another inherent difficulty is that we are a (not always) cohesive group of physicians. Need I say more?

I would like to sincerely thank the members of the Executive Committee and Dr. Richard Shiell, our editor, for their support and guidance this year. We have a wonderful group of dedicated, honest and sincere doctors who work tirelessly for our expanding organization. I have had the pleasure this year to meet colleagues and friends from throughout the world who have lent tremendous support to me and to our Society. To them I offer my appreciation as well.

I would not have believed it last year if anyone had told me how much time it requires to run this organization. I have gone through two fax machines, needed to add more memory to my computers, added two additional phone lines, needed to hire a personal time manager, and made a life-long friendship with the Fed Ex courier! Just kidding.

Seriously though, more than to anyone else, I want to publicly thank my wife, Kathy, and our children, Alex, Michael and Victoria for understanding when I wasn't able to be with them so many times this year.

The pride, exhilaration and honor that comes with any position of leadership truly means little if there is not the support and love present from family when one's term expires.

I thank you for the honor of serving as your President. ■

editor's notes

by Richard C. Shiell, MB, BS, Melbourne, Australia

Forum receives many papers and suggestions from readers and once in a while something arrives that is timely and extremely important.

When Joseph Greco submitted his paper to me in July this year, I vaguely remembered his earlier version printed in 1994 (Vol. 4, No.3). O'Tar Norwood, who was editor at the time, praised the paper and warned that although minigrafts had a better growth rate than traditional 4-mm grafts, he was seeing a lower than expected growth rate with micrografts. He agreed that this could be due to damage caused by tissue handling. There was no follow-up from readers and the subject of H-factor was forgotten.

Times and circumstances change. Plugs have given way to minigrafts and these in turn are being displaced by all-micrograft procedures. As reports of poor growth trickle in, surgeons agonize over whether to set up teams of assistants with dissecting microscopes. Into this environment arrived a new version of Dr. Greco's paper, and Joe's 1994 words were suddenly starting to sound like words of prophecy.

His paper immediately set me thinking about its assertions and the wider implications of research from Dr. Greco in Florida and Dr. Inaba in Japan. It may be that over-enthusiastic dissection and rough handling of tissues are the main causes of the recent crop of "poor growth" complaints received from far and wide. By dissecting away or damaging many of the sebaceous glands, we may be removing the future growth centers. Equally important, the ever-smaller grafts are less able to resist the crush-effect of the micro dissecting forceps that may now be exerting a pressure of several tons per square inch on the vital centers.

I remembered the damage caused to office flooring by women's heels as they became smaller in the 1970s. The pressure exerted by a 100-pound woman wearing stiletto heels is approximately 400 lb. per sq. inch as the weight is transferred to her heel during walking. That is 40 times greater than the pressure under a standing two-ton elephant's foot.

As the graft-handling forceps have become smaller, the total contact surface is now probably less than 0.2 square mm compared with 2 sq. mm of the larger forceps of former years. This tenfold increase in pressure may be the "straw that broke the follicle's back" so to speak.

In addition to this, there is no doubt that with the dense-packing techniques practiced by many surgeons, there is an increase in tissue handling brought about by the inevitable "graft popping."

If Dr. Greco's results can be verified in larger trials, then perhaps the Choi implanter or other insertion devices will at last come to the fore.

Comments on commercially operated hair clinics

As editor of Forum, I hear many grumbles from ISHRS members regarding the ethics and standards of some of the high-profile hair clinics that operate in many corners of the globe. Some of those clinics are owned and operated by doctors under a commercial company front while others are owned entirely by enterprising businessmen and employing doctors for the statutory legal requirements.

Over a period of 30 years, I have had considerable personal experience with all types of hair replacement organizations, as an observer and for a time as an employee.

It is not possible to categorize clinics into simple divisions such as "private practice - good" and "commercial clinic - bad." There are some absolutely dreadful private practitioners and some truly outstanding clinics owned by entrepreneurs who began with no medical background whatsoever. What the latter frequently possess are exceptional organizational skills and an ambition to be the best at whatever they attempt. Of course, if a doctor is possessed of those same skills and driven, then he or she may also lead an outstanding unit and many of our leading transplant groups are so headed and have thrived as a result.

The next point to remember is that hair practices, like restaurants, can "go off." Unless standards are scrupulously maintained and new improved methods introduced continually, a clinic will gradually fall behind. This may be due to change of ownership with a consequent change in organizing ability or with variation of priorities. For instance, a hair replacement clinic may decide to move more into other branches of cosmetic surgery and the original enthusiasm for hair is lost.

Loss of enthusiasm is also a problem for private practitioners. As one ages, it is increasingly difficult to maintain one's youthful