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Cyberspace Chat

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Surgical Hair Loss



The question was asked by Dr. Bradley Wolf: "Would anyone want to guesstimate the second most common form of hair loss in men, after androgenetic alopecia (AGA)?" The responses were varied and included (number of responses): alopecia areata (6), senile alopecia (2), anabolic steroids (1), traction alopecia (1), diffuse unpatterened alopecia (DUPA) (1), postpartum alopecia (1), dietary insufficiencies (iron), impure water, microbial infections (1), hair transplant surgery (1, from Dr. John Cole).

According to the ISHRS, 35 million men in the United States are experiencing noticeable hair loss. The cause in more than 95% of those men is androgenetic alopecia.¹ The lifetime risk of developing alopecia areata is 1.7 percent, with a prevalence of 0.1 percent.^{2.3} An estimated 310,624 surgical hair restoration procedures were performed worldwide in 2012.⁴ In the United States, 88,304 hair restoration procedures were performed in 2012.⁴ Those are the available statistics. Millions of hair restoration surgery procedures have been performed since the 1960s, many using outdated, inefficient techniques.

After receiving responses, Dr. Wolf replied: Recently, I've seen quite a few patients who were misled and had terrible results that negatively affected their lives. That got me to thinking about all the scarring I see, especially in the donor area. Figure 1

shows a patient who had one strip at 26 years old done about 3 years ago. He has excellent density and laxity. There is nothing wrong with his scalp except this wide scar. I see this ALL the time. Consider the death of follicles from bad strip dissection, FUE transection, poor graft placement, unnecessary surgery, reductions, flaps, lifts, and horrible donor scarring past and present and you have "Surgical Hair Loss."

Figure 2 is of a patient who, prior to seeing me, was seen in consultation by an ISHRS member doc-



Figure 1. 26-year-old, approximately 3 years post-strip



Figure 2. Patient with minimal loss but a lot of miniaturization at consult

tor (in good standing) who wanted to do 2,500 grafts in his hairline, by strip excision. He actually has very little hair loss but a lot of miniaturization. How much Surgical Hair Loss would he have had? Surgical Hair Loss is not just a phenomenon of the past. Jerry Cooley responded: No, hair transplant surgery is not the second most common form of hair loss. It might be in your practice. That's no more accurate than the African American female hair restoration surgeon who claims traction and CCCA are the most common forms of hair loss or the medical dermatologist who claims its telogen effluvium or the rheumatologist who claims its lupus. We are all biased by the patients who come to see us.

John Cole added: In reality this could be true. Every time you remove a strip, you kill some follicles. Even your needle can cause needle point areas of hair loss. Every time you do FUE, you are going to get some transection and we have to assume this kills at least some follicles. There is not a single patient who has undergone a hair transplant procedure who has not lost hair. It may not be much in many instances, but it is always something.

I agree with Jerry and John. While we will never know the incidence of "Surgical Hair Loss," it bears consideration due to past inefficient hair restoration surgeries and the increased number of surgeries being performed today. Worldwide, from 2004 to 2012, there has been an increase in the number of hair restoration surgeries by 85% (168,155 to 310,624).4

"Primum non nocere" is a Latin phrase that means "First, do no harm." Another way to state it is that, given an existing problem, it may be better to not do something, or even to do nothing, than to risk causing more harm than good. It reminds the physicians that they must consider the possible harm that any intervention might cause. Current techniques have evolved in an effort to preserve follicles by causing as little damage to existing follicles as possible. The potential for surgical hair loss is real and in every patient should be taken into consideration prior to surgery.

References

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