

Management of Advanced Hair Loss Patterns

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KEYWORDS

• Forelock • Hair loss • Hair transplant • Forelock pattern • Hair miniaturization

KEY POINTS

- The male patient with a very large area of alopecia relative to the amount of donor hair is best served with a frontal forelock approach, in which front-central density is emphasized along with a gradient of diminishing hair density to the sides and back of the central forelock area.
- All young men should be transplanted in a manner that assumes and prepares for the “worst-case-scenario” in order to avoid creating an unnatural appearance later in life for the patient.
- The lateral gaps off to the side of the forelock can be transplanted using a “hump” concept, which brings the lateral fringe up to the projected “crease” line area, or it can simply be filled in with a “mirror image” approach using sparsely spaced FU grafts.
- The vertex area is virtually ignored in most of these very bald patients, since the overriding priority is the frontal and midscalp regions.
- I recommend using the “oval” forelock pattern for the patients with the worst degree of alopecia. For those in whom there is a moderate amount of donor hair and a bi-temporal width of 12–14cm, I recommend using the “shield” forelock whenever possible.

INTRODUCTION

A fair number of the men who consult a hair surgeon have such a large area of alopecia that filling in the entire region or even the entire top plane of hair loss is impossible.^{1–9} Because the area of baldness is large, the corresponding donor area is necessarily reduced. Because the chief surgical goal for these patients with extensive alopecia is to frame the face and have the final result appear natural, the best way (in my opinion) to accomplish this is to create gradients of density, such that the final distribution of hair captures a stage of hair loss that people naturally see in men of that age, namely, that of a frontal forelock. In this article I describe a couple of approaches that can be taken, in which a modest amount of donor hair is used to create the effect of much more hair having been placed on the head and in an area that strongly creates a framing of the face.

Another equally important group of men are those younger patients in their 20s and early 30s who have various clues in their physical examination and history to indicate they might go on to extensive alopecia in the future.

I describe in detail my 2 favorite forelock patterns, the shield forelock (**Fig. 1**) and the oval forelock (**Fig. 2**). In addition, I briefly discuss a third pattern, the rounded arrowhead pattern (**Fig. 3**), which I use rarely.

For the small group of female patients who have extensive balding, the same principles apply, namely the priority of creating front-central density. In women, the useable donor area is often confined to the occipital region. A magnified examination of this occipital hair is key in determining if hair transplantation is likely to be successful for a given patient. If there is some degree of miniaturization in these hairs, then sometimes it is futile to even begin

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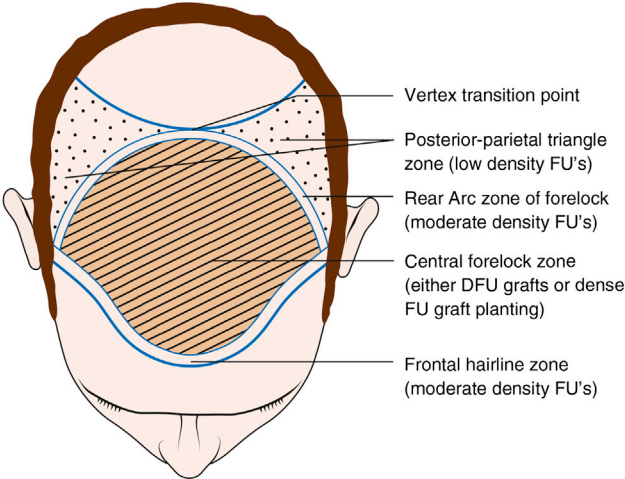


Fig. 1. Shield forelock pattern.

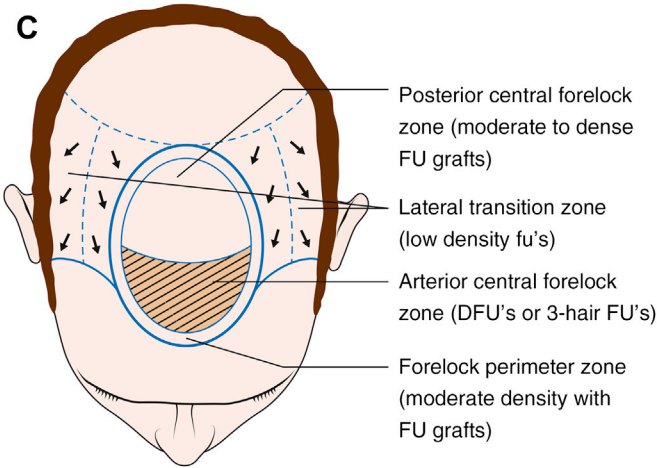
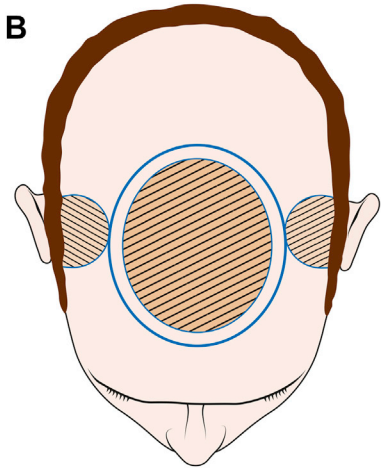
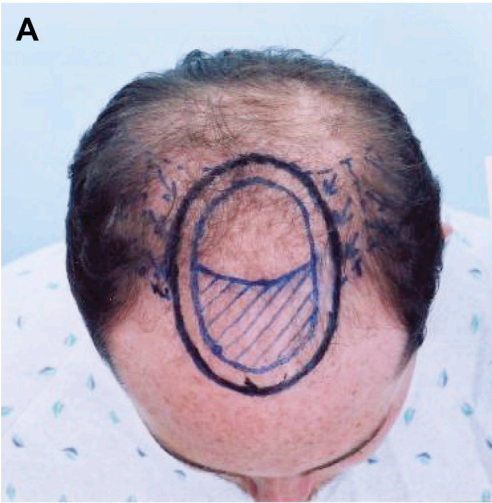


Fig. 2. (A) Oval forelock pattern. (B) Oval forelock with "lateral hump" brought up to abutt forelock. (C) Oval frontal forelock.

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