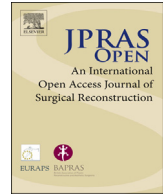




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## Case Report

# Successful follicular unit extraction hair transplant for bald area after skin graft

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## ABSTRACT

Hair transplant surgery is a useful treatment modality for patients with male-pattern hair loss and recent studies have shown its utility in scarring hair loss. In this case, a 60-year-old man underwent hair transplant surgery for restoration of a bald area from resection of a malignant tumor of the scalp followed by split-thickness skin grafting. Here, we report a favorable outcome of hair transplant surgery using the follicular unit extraction (FUE) method. Because of uncertain hemodynamics in the graft bed, a preliminary surgery with 100 grafts was performed to verify the engraftment of all 100 grafts. Then, 1330 grafts were transplanted in the remaining bald region, producing satisfactory results. As demonstrated in this case, successful hair transplant can be achieved in split-thickness skin grafting sites by paying careful attention to hemodynamics in the recipient site. FUE is minimally invasive with the formation of a small scar in the donor site, and thus is a useful treatment modality for various types of hair loss.

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## Introduction

Scarring hair loss is often observed after resection of a skin tumor of the scalp or following treatment for inflammatory disease such as bacterial infection and connective tissue disease. Restoration of

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a wide area of scarring hair loss is relatively invasive because it often requires transplantation of a large skin flap or surgery involving a tissue expander.<sup>1</sup> In contrast, restoration of a bald region by hair transplant is minimally invasive because it is performed under local anesthesia.<sup>2</sup>

Hair transplant surgery is currently recommended primarily for male-pattern hair loss.<sup>3</sup> There are two major types of hair transplant procedures: follicular unit transplantation (FUT) and follicular unit extraction (FUE). FUT sometimes results in a large scar in the occipital region because the procedure involves harvesting of an island-shaped graft and suturing of the donor site<sup>4</sup> and the harvested skin graft needs to be divided by follicular unit. In contrast, FUE involves harvesting several follicular units of 0.85–1.0 mm using an extraction punch followed by direct transplantation of the follicular units, both of which are minimally invasive. Punching often leaves punctate scars, but they can be concealed if the hair is long enough.

In this case, we performed hair transplant surgery at a bald split-thickness skin graft site after resection of a malignant tumor of the scalp. Here, we report a satisfactory outcome of FUE hair transplant surgery. This is the first case of successful FUE hair transplantation at the site of split-thickness skin grafting.

### Case report

A 60-year-old man underwent extensive resection of Bowen's disease on the left side of the head and split-thickness skin graft for resultant skin loss 4 years prior to presentation. He had used a partial wig to cover the graft site for years, but decided to visit our clinic for restoration of the bald region on the left side of his head. The graft site measured approximately 80 mm × 90 mm, and the skin was thin (Figure 1). Because Bowen's disease is squamous cell carcinoma in situ involving only the epidermis, we anticipated that the temporalis had been preserved during the initial procedure. However, we were uncertain about the state of residual hemodynamics in the graft site, and so we performed a preliminary FUE hair transplant with 100 grafts (25 grafts/cm<sup>2</sup>) in the middle section of the superior aspect of the graft site. Lidocaine without epinephrine was used for local anesthesia to prepare the recipient site and blood flow was observed. Follicular units were obtained from the occipital region, and engraftment of all 100 grafts was verified 6 months later (Figures 2 and 3). Subsequently, 1330



**Figure 1.** Bald area on the left side of the head.

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