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Male and female androgenetic alopecia classifications and medical treatments

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Introduction

It is understood that hair growth is influenced by several parameters. Therefore, any alopecia consultation justifies a good clinical exam and a full evaluation analysis to establish a reliable diagnosis that is a pre-requisite for any treatment

Material and methods

The Dynamic Multifactorial Classification with various parameters that can be quantitated and computerized allow a precise evaluation of the parameters such as fixed distances of the face, measurements of the balding area and the hairy area, scalp laxity and thickness, and covering power of hair. This includes density, caliber, shape, length, growth rate, and hair color. The digitalized phototrichogram allows a precise hair count for density anagen-telogen ratio and caliber variations.

Medical treatment or surgical restoration are used separately or combined to treat androgenetic alopecia. Some drug molecules such as 5% minoxidil solution or/and oral finasteride 1 mg in men, and 2% minoxidil solution and/or cyproterone acetate, spironolactone in women and PRP intradermal injections, have shown a marked efficacy in hair loss stabilization and hair regrowth with an increase of the caliber.

Results

These evaluations are used to select suitable candidates for this medical treatment and also to assess follow-up results. Therefore, this approach gives the patient himself an objective way to evaluate the results of the treatment adapted to him.

Conclusion

Regression of androgenetic alopecia (Hamilton type V to type III in male, and Ludwig type II or III to type I ou 0) can be achieved by combining drugs lotions, PRP (Platelet Rich Plasma) and hair micrografts.

References

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