

6th International Conference on COSMETOLOGY, TRICHOLOGY AND AESTHETIC PRACTICES

April 13-14, 2017 Dubai, UAE

Management of hair loss

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Loss of hair is one of the commonest complaints that baffle dermatologists. Depending on whether hair follicles are permanently damaged or not, hair loss from the scalp is divided into scarring and non-scarring alopecia's. Causes of non-scarring alopecia includes congenital and hereditary disorders, telogen and anagen hair loss, hair shaft defects, alopecia totals and universalis, telogen effluvium, androgenic alopecia, alopecia areata, drugs or any systemic illness. Discoid lupus erythematosus, morphea, trauma and pseudopelade of Brocq are few of the causes of cicatricial alopecia. Hair evaluation methods are grouped into three main categories: Non-invasive methods (e.g., questionnaire, daily hair counts, standardized wash test, 60-s hair count, global photographs, dermoscopy, hair weight, phototrichogram, trichoScan and polarizing and surface electron microscopy), semi-invasive method involves trichogram and invasive method includes scalp biopsy. Complete blood count and routine urine examination, levels of serum ferritin and T3, T4 and TSH should be checked in all cases of diffuse hair loss. High fever, any infection or disease should be identified and treated. Patients with suspected excess androgen need hormonal assessment. Telogen effluvium does not require specific drugs as the condition is self-limiting and usually resolves in 3-6 months. Oral iron sulphate, zinc and biotin should be given in deficient cases. Drugs should be avoided which are causing hair loss. Minoxidil solution 2% and 5% is indicated for mild to moderate hair loss while Minoxidil 2% plus antiandrogens/finestril for hair loss with hyperandrogenism. Hair prosthesis (wig, hair extension, hairpiece) and hair cosmetics (tinted powders, lotions sprays) is used for severe and recalcitrant hair loss and also as an adjuvant to medical therapy in mild to moderate cases. Ideal candidate for hair transplantation are those who have high-density donor hair (>40 follicular unit/cm²). Other therapies like PRP (Platelet Rich Plasma) and meso therapy have also been used with good results.

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Fractional CO₂ laser versus intense pulsed light in treating striae distensae

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Background: Striae distensae are linear atrophic dermal scars covered with flat atrophic epidermis. They cause disfigurement, especially in females. Many factors may cause striae distensae such as steroids, obesity and pregnancy. Although there is no standard treatment for striae, many topical applications, peeling, light and laser systems have been tried.

Aims: This study aims to evaluate and compare the efficacy of fractional CO₂ laser with intense pulse light in treating striae distensae.

Subjects & Methods: Forty patients with striae distensae were recruited. Twenty of them were treated by fractional CO₂ laser and 20 were treated with intense pulse light. Length and width of the largest striae were measured pre and post treatment. Patient satisfaction was also evaluated and graded. Patients were photographed after each treatment session and photos were examined by a blinded physician who had no knowledge about the cases.

Results: Both groups showed significant improvement after treatments (P<0.05). Patients treated with fractional CO₂ laser showed significant improvement after the fifth session compared with those treated with ten sessions of intense pulsed light (P<0.05) in all parameters except in the length of striae (P>0.05).

Conclusion: Fractional CO₂ laser was found to be more effective in treatment of striae distensae.

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