

# 6<sup>th</sup> International Conference on COSMETOLOGY, TRICHOLOGY AND AESTHETIC PRACTICES

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## A comparative study of microneedling with PRP (Platelet Rich Plasma) plus topical minoxidil (5%) and topical minoxidil (5%) alone in androgenetic alopecia

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**Context:** There are very few studies evaluating efficacy of platelet rich plasma (PRP) in hair restoration and its combination with microneedling. As far as ascertained, there is no study to evaluate efficacy of Microneedling with PRP + Topical minoxidil (5%) versus Topical minoxidil (5%) alone in androgenetic alopecia.

**Aims:** 1) To compare the efficacy of a) Topical minoxidil (5%) alone and b) Topical minoxidil (5%) + Microneedling with PRP in men between 18 to 50 years with androgenetic alopecia grade 3 to 5 vertex (Norwood-Hamilton scale). 2) To perform objective and subjective evaluation based on clinical improvement and photographic evidence.

**Methods & Materials:** Fifty patients with androgenetic alopecia were selected on the basis of inclusion and exclusion criteria. These patients were randomly divided into two groups of 25 patients each and were given following treatment. Group A: Topical minoxidil (5%) alone. Group B: Topical minoxidil (5%) + Microneedling with PRP (Platelet Rich Plasma)

**Statistical Analysis Used:** Patients were assessed before starting the treatment and at the end of 6 months on the basis of:

- Patient's self-assessment based on standardized 7-point scale compared with baseline
- Physician's assessment based on standardized 7-point scale of hair growth compared with baseline

**Results:** There was a significant improvement ( $p < 0.05$ ) in both patients' assessment and investigator's assessment in group B as compared to group A at the end of 6 months.

**Conclusions:** Thus Topical minoxidil (5%) + Microneedling with PRP turned out to be better treatment modalities than Topical minoxidil (5%) alone in this study. For drawing better conclusions, further studies are required to be done with larger sample size and longer duration of follow up to assess the effects of these treatments in androgenetic alopecia.

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## Aesthetic rhinoplasty techniques for correction of tip position

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**The objectives of this study are:** 1) To know different factors contributing to the nasal tip ptosis. 2) Acknowledge different methods for correction of drooping nose with the advantages of augmentation. 3) Learn and apply efficient augmentation techniques for prevention of tip ptosis during rhinoplasty. Maintaining long term results in rhinoplasty is the state of art in nasal plastic surgery. Numerous parameters in nasal wound healing and nasal support mechanisms have made rhinoplasty as the most difficult plastic surgery. In the recent years, the role of augmentation for tip support has been emphasized by many authors to prevent unwanted long term changes. Unpleasant appearance on animation, inducing aging face and impairing nasal valve function are considerable effects of ptotic noses. Nasolabial angle and tip location are affected by different factors. These factors include the cartilaginous framework of the lower third of the nose and the motor unity of this portion consists of levator labii superioris alaeque nasi and depressor septi nasi. The cartilaginous framework and these muscles stand for the static and dynamic factors respectively. This presentation will demonstrate one of the most effective augmentation techniques to make very stable long term results for prevention of nasal ptosis. Multiple aesthetic parameters should be assessed before and at least two years after surgery to evaluate results for drooping tips. The pearls and pitfalls of strut cartilage insertion will be discussed. Open structural and endonasal approaches will be presented with results of both.

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