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Diagnosis and treatment of hirsute patients: A practical approach

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Hirsutism is defined as the growth of coarse hairs in testosterone dependent areas (like beard, chest and abdomen) of females. It occurs in about 5 to 10% of women and has negative psychological impacts because of cosmetic concern. The male sex hormones, androgens are the most implicated hormones in the etiopathogenesis of hirsutism. The sources of androgens causing hirsutism are either endogenous (endocrine origin) or exogenous like drugs. Hyperandrogenism in females can also lead to irregular cycle and an ovulation. The management of patients with hirsutism should include detailed history and physical examination before ordering any laboratory investigation. Appropriate laboratory tests should include routine tests as well as hormonal tests. The most important hormones that should be measured in the blood are testosterone which may be from ovaries or from adrenals and dihydroepiandrosterone which is mostly of adrenal source. If the circulating androgens levels are normal then, the cause of hirsute might be idiopathic. The treatment of hirsute women can be pharmacological or non-pharmacological. The drugs used in the treatment of hirsutism are aimed at suppressing androgens, either directly or indirectly and they may include: Cyproterone acetate, spironolactone, glucocorticoids, etc. The non-pharmacological treatments include; electrolysis which is very effective but time consuming, shaving and chemical depilatories with similar results, waxing which is available for all women, lasers like Alexandrite lasers, Q switched lasers and Ruby lasers with variable effects depending mainly on hair color.

In conclusion: Hirsutism is relatively common problem among females which imposes substantial psychological impacts. Detailed history and physical examination with supported laboratory investigations are necessary before starting any treatment.

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