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What is new in the evaluation and treatment of alopecia and hair-related disorders?

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Hair loss is a common and distressing symptom, affecting men and women. Genetic hair loss is the most common. Telogen effluvium, which causes hair shedding is common cause of hair loss, may develop after crash dieting, medication intake, illness and childbirth. Alopecia areata is found in about 1.7% of the population. Most cases start during childhood and present as a chronic disease throughout life. Other causes are associated with hair breakage, can be genetic or related with hair care treatments. The objective of this presentation is to synthesize what is new in diagnosis and treatment of all these conditions as digital trichogram and trichoscopy evaluation, Janus Kinase (JAK) inhibitors and platelet rich plasma. Evaluation of hair shedding was traditionally realized by physical exam, blood tests and trichogram. Recently a new tool was released to dermatology as an improvement of dermatoscopy and trichoscopy. This new method is really useful in diagnosis of almost all hair conditions, genetic disorders and acquired conditions but digital trichogram seems not to be as practical and useful as the trichoscopy. It is an expensive method in comparison of the traditional method and not as sensible as the old one. Inhibitors of the Janus Kinase (JAK) seem to be a new promise treatment for alopecia areata and other hair disorders. Recently it was demonstrated that topical treatment of mouse and human skin with small-molecule inhibitors of the JAK pathway results in rapid onset of anagen and subsequent hair growth. It seems that JAK inhibition regulates the activation of key hair follicle populations. Platelet rich plasma (PRP) is another promise therapy for a genetic hair loss and a lot of other kinds of hair disease. It is being increasingly used in medical treatments around the world. PRP has been used by physicians since the 1990s in various areas of medicine which seems to help about 50% of men with hair thinning, especially when hair transplantation is not an option but also can be used in alopecia areata and telogen effluvium.

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External Tissue Expansion Successfully Achieved Using Negative Pressure

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The practice of internal tissue expansion by implanting a silicone balloon into the soft tissue under the skin is now known to be associated with a significant risk of complications. Therefore, we designed and developed a new technique of mechanical external tissue expansion achieved by using negative pressure created through special valved cups. The subjects were 60 patients suffering from postburn scar contractures in different parts of their bodies. A valved cup was applied to the healthy skin on both sides of the scar and negative pressure of 2100 to 2200 mbar was connected to the cup through a special valve for 5h out of every 12 h for 2–3 weeks preoperatively. During the subsequent operation, the scar was excised, and then the expanded skin was dissected followed by wound closure. We were able to excise the scars and close the wounds directly in 14 patients, but needed to perform Z-plasty in the other 46 patients. Some ecchymosis appeared on the skin at the site of application of the cup in the initial stages, when the negative pressure exceeded the upper limits of 2100 to 2200 mbar. The clinical application of external tissue expansion achieved by creating negative pressure shows great promise. The most common technique involves the implantation of a silicone balloon expander beneath the skin during an operation, which is subsequently filled by serial injections of sterile isotonic saline solution over a period of weeks or months to expand the skin. However, this technique is now known to be associated with many complications.³ The disadvantages of these expanders include difficulties in adequate pocket undermining, hematomas, infection, wound dehiscence during expansion, and difficulties in inserting the expander with an incorporated valve, in addition to high costs.⁴ To avoid these disadvantages, we devised a method of external tissue expansion achieved by using negative pressure applied through transparent valved cups.

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