

## ORAL BOARD SENARIO

### YOUNG PATIENT WITH EARLY HAIRLOSS

#### CHIEF COMPLAINT

22 y.o muscular male complains of recession and thinning of hairline and front third as well as some mild thinning of the crown. Would like to thicken up both his hairline and his crown to the density and location they were when he was 18. He works out a lot and his looks are important to him.

#### Medical History:

**Allergies:** Penicillin.

**Past Medical Illnesses:** Mitral Valve Prolapse.

**Medications:** Takes occasional anabolic steroids for body building. No other medication.

**Past Surgeries:** None

**Family Medical History:** None

**Social History:** 2-3 Beers on weekend. No Cigarettes. Body Building as a hobby.

**Family Hx of Baldness:** Father and Paternal Grandfather Type 5- 6. Maternal Grandfather Type 6.

#### Physical Examination

**Vital Signs:** Normal BP 140/80 Pulse 70

**General Appearance:** Muscular with some facial acne

**ENT:** Normal except for acne

**Heart:** Mid systolic murmur (mild)

**Lungs:** Clear

**Abdomen:** Normal (soft with no pain masses or swelling)

**Scalp:** Normal with no lesions erythema or scarring. Mild temporal recession of the hairline. Early thinning of the frontal third behind hairline to casual observation. Mid-scalp normal density to casual observation. Crown with early thinning.

**Color:** Dark Brown

**Texture:** Very Fine, Straight

**Density:** Donor Area below average. (If ask for measurement can say 70 FU/cm<sup>2</sup> Temporal area and 75 FU/Cm<sup>2</sup> in Mid-Occiput area when measured with digital photograph.)

**Scalp Elasticity:** Below average. (If asks for measurement can say only slight movement when skin pinched between finger.)

**Hair Caliber:** Fine

## Laboratory Results

<b>ECG</b>	Normal
<b>Testosterone</b>	> 1600 (Normal 250 to 1100 mg/dl)
<b>Free testosterone</b>	> 200 (Normal 35 to 55 pg/ml)

**All other labs normal or not done**

## Consultation & Treatment Plan

Candidate shall role play with the examiner as the patient. During the consultation, the candidate should take notice of, and propose management strategy for:

- 1) The candidate should take notice of the fact that the patient has a number of hair and scalp characteristics that makes achieving density and coverage more difficult. These include:
  - a. Young age of 24
  - b. Strong family history of hair loss
  - c. Dark hair, Fine hair, straight hair
  - d. Low donor density
  - e. Tight scalp

**Management is educating the patient about these issues and how they may limit the degree of density and coverage that can be produced. Scalp stretching could be suggested**

- 2) The candidate should take note of the fact that the fact issue that the patient has potentially unrealistic expectations and goals of including
  - a. Wanting to look like he was when he was 18
  - b. Wanting a hairline that is too low
  - c. Wanting to do transplant the crown
  - d. Wanting this will be his only procedure.

**Management includes explaining to the patients that his expectations and goals may be unrealistic and explaining why. It then includes suggesting a more realistic safer plan including higher hairline and not doing crown. The patient should be told he may need more surgery if he progresses. If the patient does not seem to understand why his expectations are unrealistic or accept a more realistic plan he should not be accepted for surgery**

- 3) The candidate should take note of the fact that the patient is not on propecia or rogain and therefore is at a greater risk of progressing

**Management is explaining the risks and benefits of propecia and rogain and offering these medications to the patient**

4) The candidate should take note that the patient has a history of taking anabolic steroids.

**Management is educating the patient on anabolic steroids affect hair loss and encouraging the patient to stop using these medications especially if he is considering surgery.**

5) The candidate should take note of the Mitral Valve Prolapse

**Management is using prophylactic antibiotics during surgery**

6) The candidate should take note that the patient is has a history of allergy to penicillin. When asked it is a true allergy with anaphalactic type symptoms

**Management is using an alternative antibiotic to Pennicillin**

Alternative Strategies to be suggested by Candidate:

### Risk Management

*(Authors should provided two scenarios that could result from the candidate's failure to recognize a risk to the patient, either safety or aesthetics. Please include supporting lab, ECG, or X-ray)*

**1) The patient is given PCN (to which he is allergic)for Mitral Valve prolapse and patient begins to have mild allergic reaction of urticaria, itching, shortness of breath and dizziness. His BP drops to 110/60 His pulse rises to 100.**

**Response: He should be given treatment for allergic reaction. This should include: lying the patient down subcutaneous epinephrine , PO or IM Benadryl 50 mg, and PO or IM corticosteroids. The patient will recover.**

**2) During surgery there is difficulty closing the donor wound with significant tension developing over the mastoid areas.**

**Response: Candidate can attempt a number of approaches including undermining, temporary application of tissue clamps, milking out tumescent fluid, temporary loose closure and then reattempt a few hours later. If all of these are unsuccessful leaving the wound slightly open to secondarily heal is preferable to severe tension**

### Examiner's Questions

(Authors should provide three questions and their answers concerning the science, aesthetics or risks involved with the case).

**1 Would a trichophytic closure prevent a wide scar in this patient?**

**Answer: No - A wide scar is prevented by proper attention to scalp laxity and preventing a tight closure. A trichophytic closure simply adds some camouflage to good scar and makes it harder to see.**

**2 Is there a potential benefit in patients with unrealistic expectations for starting them on medications and re-evaluating in a year.**

**Answer: Yes- If they have a good response to medication they may be able to postpone surgery. If they have a good response in the crown they may be more likely to accept doing only the front. They have more time to come to grips with the information presented to them and develop more realistic expectations.**

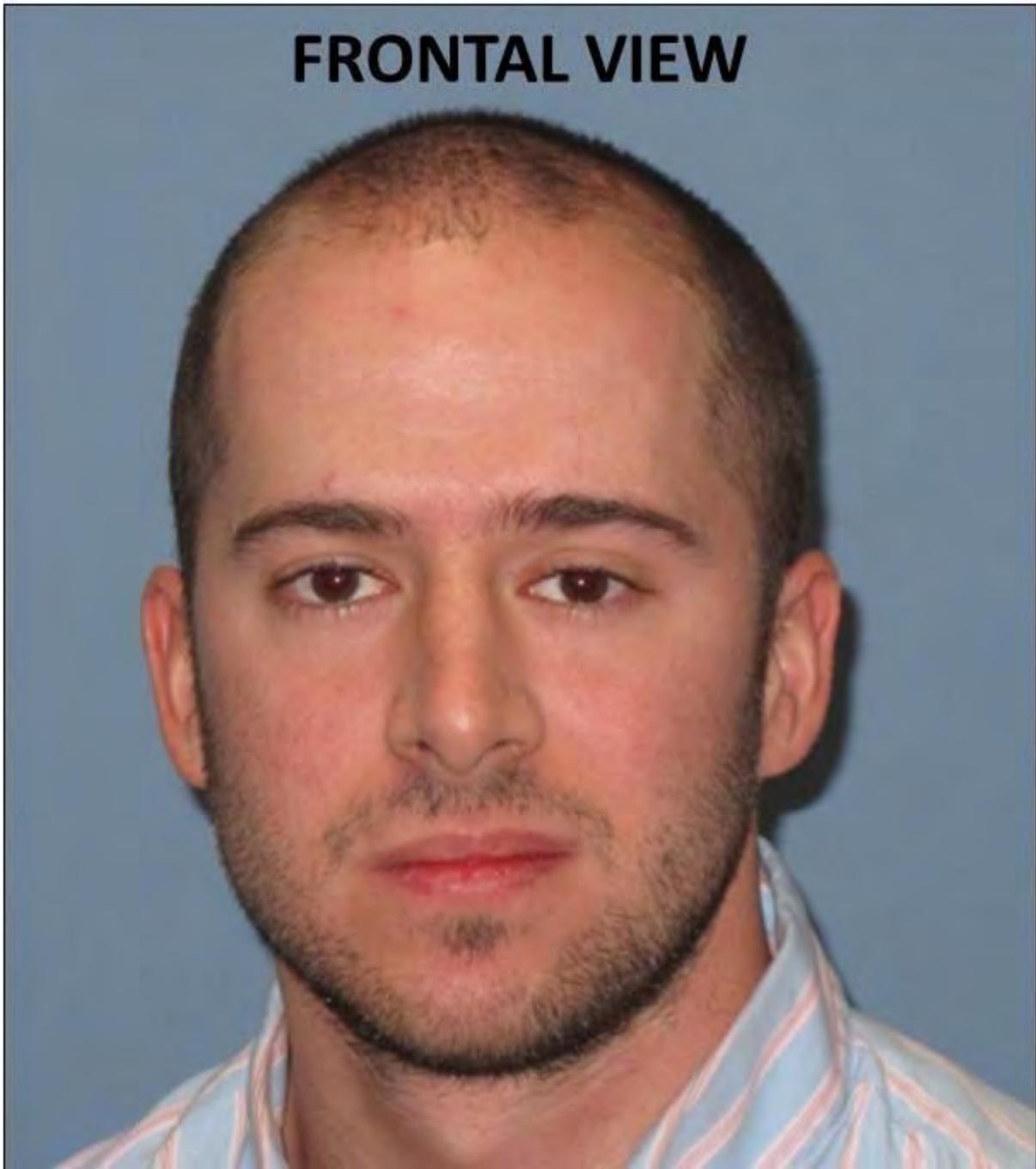
**3 What is the similarity or difference in planning the pattern and distribution of a hair transplant in a 50 year old who is a type 6-7 versus a 22 y.o who is a type 4 with a high risk of going to a type 6 -7**

**Answer: A 22 Y.O with a high risk of becoming a type 6 should be transplanted in a pattern and distribution that would still be safe and appropriate even the patient progressed to a type 6. This includes:1) creating a mature conservative hairline that is not too low and 2) Discouraging transplanting the crown**

### KEY CRITICAL POINTS CANDIDATE SHOULD DISCOVER AND ADDRESS

- 1. Discover mitral valve prolapse and allergy to PCN in medical history.** Indicate need for prophylactic antibiotic. Indicate need to look for alternative to PCN due to potential allergy.
- 2. Discover use of anabolic steroids.** Discuss how this increases hair loss. Encourage patient to stop anabolic steroids if he is going to proceed with transplant
- 3. Discover the patient is not on Propecia or Rogaine.** Suggest use of Propecia and Rogaine and discuss risk benefit.
- 4. Discover patient has potentially unrealistic expectations goals of wanting: 1) too low a hair line and 2) wanting normal density in crown.** Discuss more realistic expectations

**FRONTAL VIEW**



**TOP VIEW**



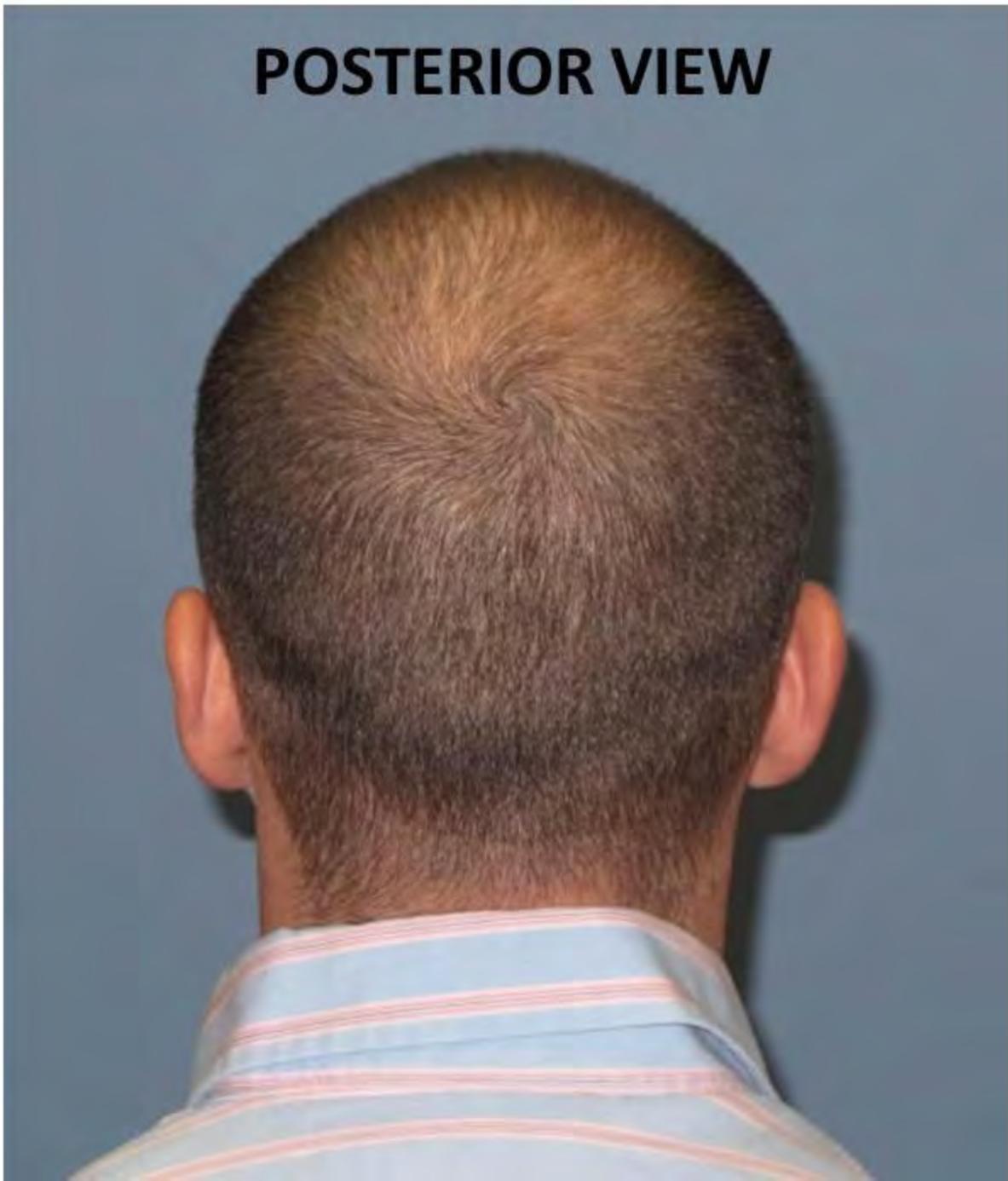
**LEFT LATERAL VIEW**



# RIGHT LATERAL VIEW



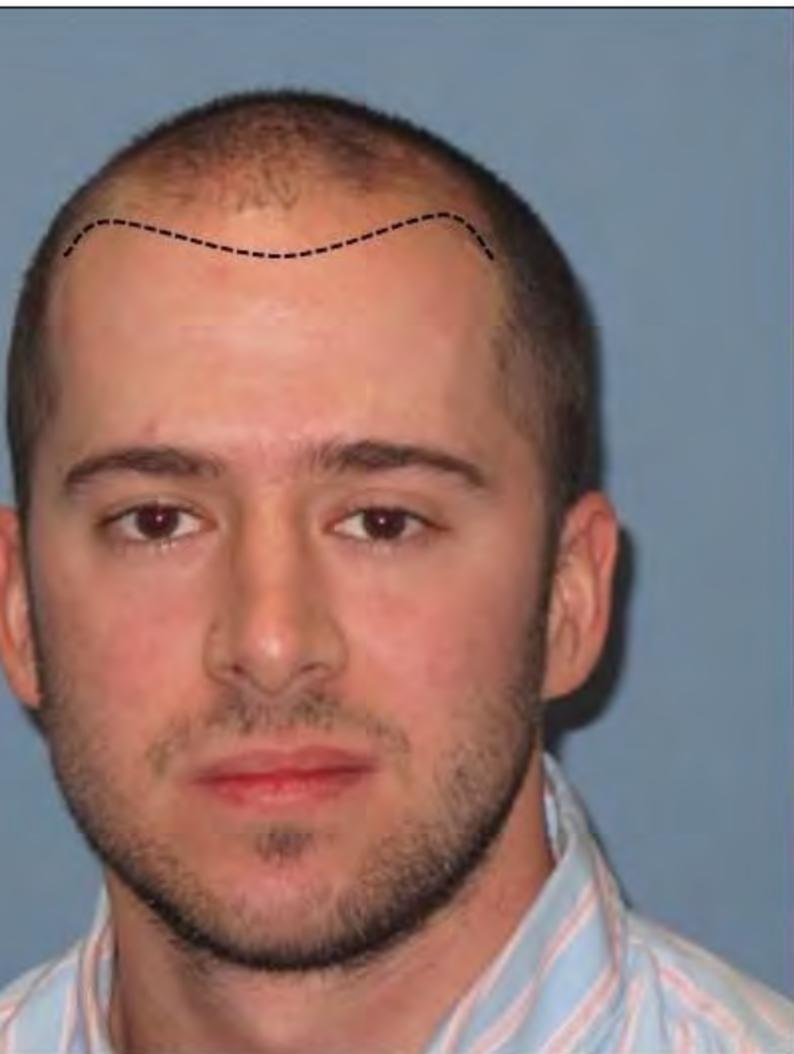
# POSTERIOR VIEW



# POSTERIOR BACK TILT VIEW



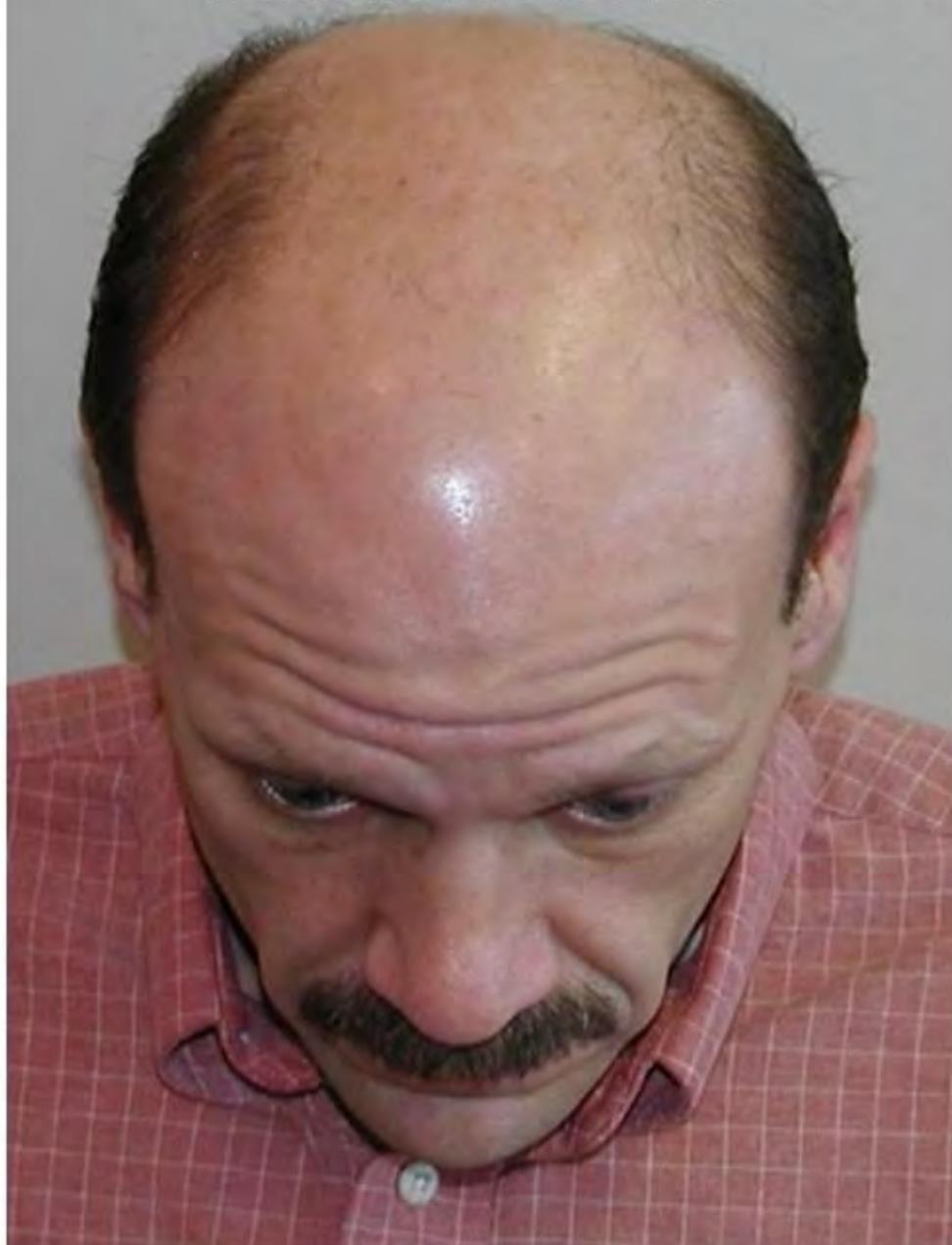
# PATIENTS DRAWING OF WHAT HE WANTS



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**FATHER AT AGE 60**



# DONOR AREAS

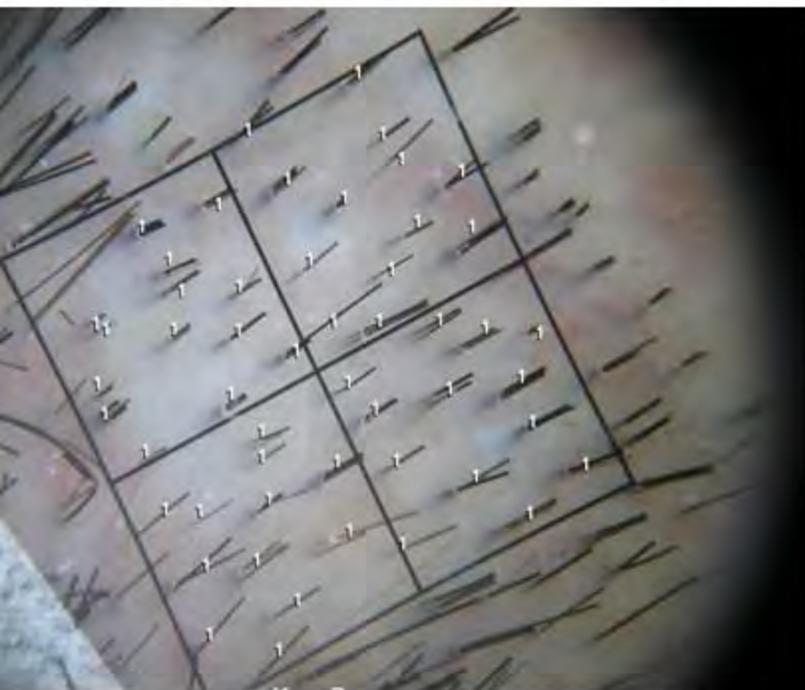
## OCCIPITAL DONOR AREA



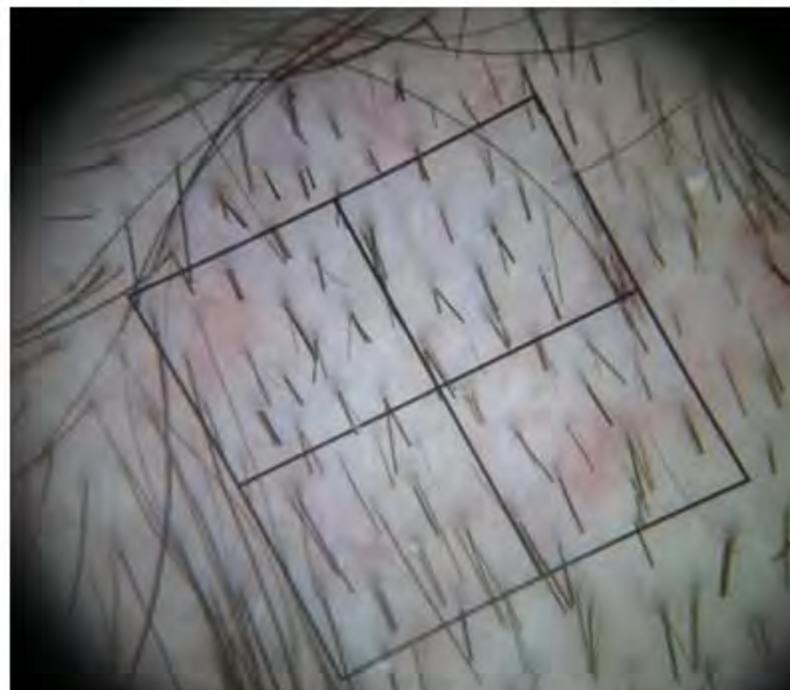
## LATERAL DONOR AREA



# DIGITAL MACRO PHOTOGRAPH OF DONOR DENSITIES



OCCIPITAL DENSITY ~ 70 FU /CM



LATERAL DENSITY ~ 68 FU /CM