

HAIR

HAIR TRANSPLANT: ONE OPTION IN ALOPECIA. DON'T PUT OFF YOUR WISH

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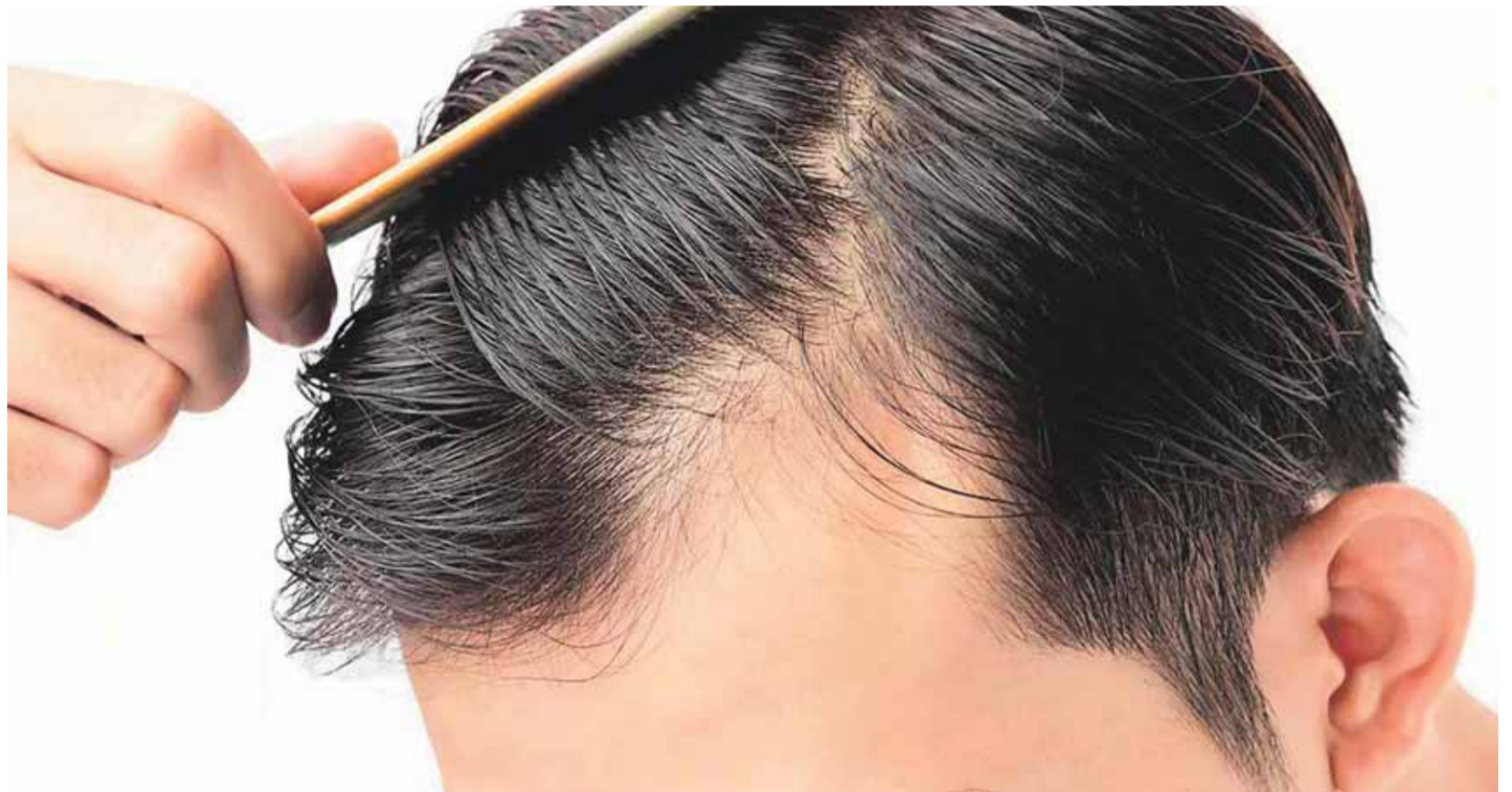
OVERALL, we can classify alopecia into two groups: scarring alopecia and non-scarring alopecia.

In scarring alopecia in a smooth scalp, there is fibrosis, inflammation and loss of hair follicles, with a reduced number of follicular orifices.

With non-healing alopecia, there is loss of the hair root, but the hair follicles remain, which explains the reversibility of this type of alopecia.

Within non-healing alopecia, there are multiple types; one of the most frequent is androgenic alopecia, which is known as "common baldness" and affects up to 80% of men and 40% of women at some point in life. Its frequency increases with age and its etiology is multi-factorial. The main causes are genetic and hormonal; therefore, its incidence and intensity tend to increase with age, and in women, especially after menopause.

There are also other diseases, such as polycystic ovary syndrome or congenital adrenal hyperplasia, where androgenic alopecia can be one of the symptoms due to an excess of male hormones.



With this type of alopecia, loss of capillary density is observed on specific areas of the scalp, where hair follicles have additional androgen receptor (male hormone): mainly the temples and crown of the head.

In women, loss of hair density is generally more diffuse. This loss of capillary density is due to the progressive reduction in hair thickness until, in the final stages, the follicles become so small that the hair disappears.

Often, this type of alopecia is also associated with seborrhea, that is, excessively oily scalp, which also makes the hair look "oily" or dirty more rapidly than usual.

In order to diagnose this type of alopecia, it is usually sufficient to have an adequate medical history and a physical examination, where special devices such as a trichoscope is used to observe the hair once magnified.

Only on certain occasions is it necessary to carry out other complementary tests, such as blood tests or skin biopsies.

Androgenic alopecia is reversible in the initial and intermediate stages, so that with appropriate medical treatment, progressive loss of capillary density can be

delayed and even recovered; while in the final stages, when the follicle has disappeared, the only solution is a hair transplant using the FUE technique, from the English Follicular Unit Extraction.

This technique consists in transplanting individual hair follicles from the occipital region to the alopecia area. The transplanted follicles will retain their greater

resistance to androgens in the recipient zone.

The fact that the individual hair follicles are transplanted one by one will mean a totally natural follicle growth, thus obtaining an excellent cosmetic result.

Another determining factor in obtaining a natural hairline, which must be compatible with the

patient's sex, race and age, and also in harmony with the patient's temples.

On a practical level, hair transplant surgery is a technique that is performed in the operating theater under local anesthesia (sometimes including superficial sedation), and the whole process takes place in one to two days, each intervention lasting between five and 10 hours.

This surgery does not require hospital admission and has a rapid recovery period. The cosmetic improvement is not immediate. It is usually recommended for patients to abstain from social and work activities for a period of seven to 10 days to avoid others recognising that they have undergone surgery.

Don't put off your wish. There is a solution for your alopecia, and we are now offering the first consultation cost free.

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Daily classes throughout the week
Private classes arranged on request

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