

ALOPECIA

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INTRODUCTION

Androgenic alopecia is a common disorder affecting both men and women. Both androgenic alopecia and telogen effluvium can be treated with mesotherapy, with results ranging from good to excellent. During the Fourth International Mesotherapy Congress in 1985, the first paper outlining a protocol on this topic was presented by Dr. Philippe Petit.

Androgenic alopecia is defined by a chronic, diffuse, progressive hair loss. Patients have hair loss in a ratio of 2 to 1, that is, for every 2 new hair threads, one is lost.

Onset is gradual and appears to be determined by the presence of circulating androgens and the degree of genetic predisposition. Men present with gradual thinning in the temporal areas, producing a reshaping of the hair line. Women generally present with diffuse thinning on the crown, generally maintaining a frontal hairline. But the evolution of baldness progresses in both men and women.

INDICATION

A clinical exam and a tricographic exam (or tricogram) are essential for the correct diagnosis and choosing therapy. Hair loss does not start until after puberty, and the rate of progression is extremely variable, with some periods of remission. Some patients show evidence of the disorder by age 17 or 18 years, marked by significant scalp hair loss, which is stressful and may have associated psychosocial consequences.

To diagnose androgenic alopecia, the physician should take the following steps:

1. Take a detailed patient history
2. Perform a clinical exam
3. Perform complementary exams
4. Make a positive diagnosis

5. Select mesotherapy treatment, based on patient history of:

- A. Patterns of family inheritance
- B. Seborrhea
- C. Itching and greasy pellicle
- D. Patient's anxiety level and dystonic characteristics
- E. Medication history

Clinical Exam.

The clinical exam should include an Alopecia Level evaluation, using the Hamilton classification for men and Ludwig classification for women. A traction exam will estimate the amount of hair loss.

Complementary Exams

A complete hormonal evaluation should be done in women to rule out hyperandrogenism (which can cause acne and hirsutism), whereas normal levels of hormones are found in androgenic alopecia.

It is also important to have the tricogram exam analyzed to evaluate the hair cycle dynamics. During successive passages through the hair cycle, the anagen phase becomes shorter and the telogen phase elongates, and the anagen to telogen ratio decreases.

Positive Diagnosis

Once a positive diagnosis of alopecia is established through the steps above, mesotherapy treatment is indicated.

Medical Therapies

Manual or electronic techniques can be used. Devices like the DenHub or Pistomatic are also suitable. The medications used are bepanthene, biotin, and a vasodilator such as peridil-heparin, and basic medicines; conjonctil and x-adene. Like all mesotherapy medicines, these must be diluted with procaine

2%. Note that these medications should not be combined in a single injection, but 2 drugs at a time can be injected, using the following protocol for treating alopecia:

Sessions 1 through 5 are performed every 15 days:

- Day 0 peridil-heparin + x-adene
- Day 15 bepanthene + biotin
- Day 30 minoxidil + conjoctil
- Day 45 peridil-heparin + x-adene
- Day 60 bepanthene + biotin

Subsequent sessions are performed every 30 days:

- Day 90 minoxidil + conjoctil
 - Day 120 peridil-heparin + x-adene
 - Day 150 bepanthene + biotin
- Repeat this protocol every 30 days until day 360

Day 360 Perform another tricogram

In his experience, Dr. Pistor has never had any adverse incidents and has never used corticosteroids or progesterone.



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