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Analysis of Hair Loss Severity and Treatment Approaches in 100 Male Patients with Androgenetic Alopecia

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Introduction & Objectives:

Androgenetic alopecia (AGA), also known as male pattern baldness, is a common condition affecting a significant proportion of the male population. It has a considerable psychological and social impact, leading many patients to seek treatment options, including hair transplantation. Follicular Unit Extraction (FUE) is one of the most widely used and effective surgical methods for hair restoration. The objective of this study was to assess the severity of androgenetic alopecia among male patients seeking FUE hair transplantation and to evaluate the impact of previous pharmacological treatments and donor site availability on transplantation outcomes. This study also aimed to identify the optimal stage of AGA for successful transplantation and to propose guidelines for improving treatment efficacy and patient selection.

Materials & Methods:

A total of 100 male patients with androgenetic alopecia were evaluated during consultations for FUE hair transplantation. The severity of hair loss was assessed using the Hamilton-Norwood scale. Patients were categorized into the following groups:

Stages 1–3: 51 patients, Stages 4–5: 31 patients, Stages 6–7: 18 patients

Detailed medical history and prior treatments were recorded, including the use of finasteride, minoxidil, and local therapies (e.g., mesotherapy, platelet-rich plasma).

12 patients had been treated with finasteride for over a year or were undergoing current treatment, 25 patients used 5% minoxidil topically once daily, while none used it twice daily, and 30 patients had undergone local therapies, such as mesotherapy or PRP.

Data was analyzed using statistical methods to assess the relationship between hair loss severity, prior treatment, and suitability for FUE transplantation.

Results:

The analysis showed that a significant number of patients seeking FUE hair transplantation had advanced hair loss, reducing the chances of successful transplantation due to poor donor site quality. Among patients with hair loss exceeding stage 6 on the Hamilton-Norwood scale, the donor site was often insufficient to support a successful transplantation. Patients who had been on effective pharmacological treatment (e.g., finasteride and minoxidil) for at least six months before the procedure showed better outcomes and higher graft survival rates. The best transplantation results were observed in patients with hair loss between stages 2 and 4 on the Hamilton-Norwood scale at the time of surgery.

Conclusion:

Effective treatment for androgenetic alopecia is often initiated too late, which limits the success of hair

transplantation. Early pharmacological intervention with finasteride and minoxidil can improve the overall condition of the scalp and increase the success rate of FUE procedures. Hair loss exceeding stage 6 on the Hamilton-Norwood scale presents challenges for successful transplantation due to limited donor site availability. The study suggests that the best outcomes are achieved when patients undergo effective pharmacological treatment for approximately six months before a single FUE procedure, ideally with hair loss severity between stages 2 and 4 on the Hamilton-Norwood scale at the time of surgery.