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Follicular unit transplant (FUT) versus follicular unit extraction (FUE)- A comparative study from patient's and surgeon's perspective

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Background: Hair transplantation has evolved from Punch Hair Transplant by Dr. Orentreich in 1950s to Follicular Unit Hair Transplant (FUT) of 1990s and the very recent Follicular Unit Extraction (FUE) technique. For today FUT and FUE both are the modern methods of hair transplantation with amazing results and minimal complications. Both techniques are described and compared in this literature based on patient's and surgeon's experience.

Method: In this case report, we performed 38 hair transplants both with FUT and FUE 19 each in last 14 months. We gathered data based on a face-to-face questionnaire with 38 patients and 4 surgeons as per their opinion and experience about the procedure. In this literature, we will also discuss both techniques, limitations, indications and contraindications.

Results: The ease and comfort experienced by the patient who underwent FUE was better than with FUT; however the surgeons preferred FUT over FUE.

Conclusion: There is no standard technique which could be considered gold standard, it rather depends on case selection and skills and experience of surgeons, for mild to moderate hair loss. FUE is the future for extensive hair loss. FUT or FUT with FUE is preferred.

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Bedsore revitalization by- laser therapy (low level laser: LED -Ga-Al-As, 660 nm)

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Background: In 1967 a few years after the first working laser was invented, Endre Mester in Semmelweis University Budapest, Hungary wanted to find out if laser might cause cancer. He took some mice, shaved the hair off their backs, divided them into two groups and gave a laser treatment with a low powered ruby laser to one group. They did not get cancer and to his surprise the hair on the treated group grew back more quickly than the untreated group. That was how "laser bio-stimulation" effects were discovered.

Purpose of the Work: The effects of pulsed monochromatic light, with fixed pulsations and wavelengths, on the healing of pressure ulcers were evaluated in this prospective, randomized and controlled study.

Method: A placebo-controlled, double-blind study using low level laser therapy (LLLT) was performed in 10 patients with bedsore on the back. Treatment was given three times a week for 10 weeks, using monochromatic (red) optical sources; diode 660 nm (Ga-Al-660). The patients who were randomized to placebo treatment received sham therapy from an identical-appearing light source from the same delivery system.

Results: Ten patients with bedsore were randomized to receive LLLT or placebo therapy. After the study, the percentage of the initial ulcer area remaining unhealed in the LLLT and placebo groups was 24.4% and 84.7%, respectively ($P=0.0008$). The decrease in ulcer area (compared to baseline) observed in the LLLT and placebo groups was 193.0 mm² and 14.7 mm², respectively ($P=0.0002$). One patient dropped out of the study, complaining of lack of treatment efficacy; he was found to be randomized to the placebo group. There were no adverse effects.

Conclusions: In this placebo-controlled, double-blind study LLLT was an effective modality for the treatment of bedsore which were resistant to conventional medical management. The results are encouraging as pulsed monochromatic light increased healing rate and shortened healing time. This will positively affect the quality of life in elderly patients with pressure ulcers.

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