

Prevention of Temporal Alopecia Following Rhytidectomy: The Prophylactic Use of Minoxidil. a Study of 60 Patients

EREMIA, SORIN MD^{*}; UMAR, SANUSI H. MD[†]; LI, CINDY Y. DO[‡]

Dermatologic Surgery:

January 2002 - Volume 28 - Issue 1 - p 66–74 (/dermatologicsurgery/toc/2002/01000)

Original Articles

Abstract

BACKGROUND: Temporal hair loss that results from traumatized hair follicles following rhytidectomy is an unsightly complication that can distress both the patient and the operating surgeon. Topical minoxidil is a proven therapy for androgenic alopecia and female senile alopecia. It has also been found to be useful in preventing the hair loss that commonly follows hair transplantation.

OBJECTIVE: To analyze through a retrospective study the effect of topical minoxidil on the incidence of temporal hair loss following facelift procedures. To our knowledge this is the first study to investigate the role of minoxidil in preventing postrhytidectomy temporal alopecia.

METHODS: The charts of 60 women with a mean age of 58 years who underwent primary cervicofacial rhytidectomy were studied. Either a standard SMAS/flap technique or plication was done in all cases. Each patient received either 2% or 5% topical minoxidil for 2 weeks before surgery and for 4 weeks after surgery, with a 5-day break period beginning on the day of surgery. Patients were monitored for complications immediately postoperatively and in 3–6 months of follow-up.

RESULTS: Almost 80% of the patients underwent SMAS/flap procedures. Transient temporal alopecia was noted in only one patient, 6 weeks after discontinuing minoxidil. This resolved within 4 weeks of its reintroduction. The only other complications noted included minor hematomas (3.3%), skin slough/infection (1.7%), minor transient and localized edema (8.3%), minor ecchymosis (1.7%), a unilateral neuropraxia of the buccal nerve lasting 3 months (1.7%), and a minor temporary unilateral skin depression (1.7%). Side effects of minoxidil were not observed.

CONCLUSION: On comparing our findings to results of larger rhytidectomy series in which minoxidil was not used prophylactically, and our experience before using minoxidil, we conclude that minoxidil plays a role in effectively preventing the temporal hair loss that occurs following primary cervicofacial rhytidectomies. We also found that minoxidil did not negatively impact on the risk of hematoma formation, skin necrosis, edema, or ecchymosis. Side effects of minoxidil did not present a problem.

Author Information

^{*}Division of Dermatology, University of California, Los Angeles, California

[†]Division of Dermatology, Martin Luther King/Charles Drew Medical Center, Los Angeles, California

[‡]Brockton Cosmetic Center, Riverside, California

Address correspondence and reprint requests to: Sorin Eremia, MD, 4440 Brockton Ave., Suite 200, Riverside, CA 92501.

S. Eremia, MD, S.H. Umar, MD and C.Y. Li, DO have indicated no significant interest with commercial supporters.

