Department of Dermatology,[a] Department of Preventive Medicine,[b] and Department of Medical Social Sciences, Northwestern University Feinberg School of Medicine, Chicago, Illinois,[c] and Northwestern Medicine Multidisciplinary Eczema Center, Chicago, Illinois[d]

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Correspondence to: Jonathan I. Silverberg, MD, PhD, MPH, Department of Dermatology, Suite 1600, 676 N St. Clair St, Northwestern University Feinberg School of Medicine, Chicago, IL 60611

E-mail: JonathanISilverberg@Gmail.com

REFERENCES

1. Weidinger S, Novak N. Atopic dermatitis. *Lancet*. 2016;387:1109-1122.
2. Silverberg JI. Health care utilization, patient costs, and access to care in us adults with eczema: a population-based study. *JAMA Dermatol*. 2015;151:743-752.
3. Silverberg JI, Patel N, Immaneni S, et al. Assessment of atopic dermatitis using self-report and caregiver report: a multicentre validation study. *Br J Dermatol*. 2015;173:1400-1404.
4. Narla S, Hsu DY, Thyssen JP, Silverberg JI. Predictors of hospitalization, length of stay, and costs of care among adult and pediatric inpatients with atopic dermatitis in the United States. *Dermatitis*. 2019;29:22-31.

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Hair transplant in frontal fibrosing alopecia: A multicenter review of 51 patients

To the Editor: Frontal fibrosing alopecia (FFA) is a primary lymphocytic scarring alopecia characterized by a progressive and bilateral recession of the frontotemporal hairline.[1,2] The usefulness of hair transplant (HT) is controversial in these patients.[3,4] The aim of this study was to describe the outcome of HT in a multicenter series of patients in whom FFA had been diagnosed.

A retrospective, multicenter, descriptive, and analytic study was designed. A review of the evolution of patients with a diagnosis of FFA who underwent HT was performed in 1 French and 5 Spanish centers. Patients with a confirmed diagnosis of FFA and at least 2 years of follow-up after the HT were included. The main outcome of success was the survival of the grafts after the HT, as evaluated clinically and by trichoscopy. Patients were also asked at the last visit about their global satisfaction with the procedure.

A total of 51 patients (48 females and 3 males) with a mean age of 54 years (range, 34-79) and a mean grade of severity score of 2.3 out of 5 were included. The HT was done after a mean time of stabilization of the disease of 15 months (range, 0-60). The stabilization was evaluated clinically (no progression of the alopecia on the frontotemporal hairline after 12 months) and by trichoscopy (absence of peripilar casts). The strip technique was performed in 44 patients (86%), and the follicular unit extraction technique was performed in 7 patients (14%). The mean number of transplanted grafts per surgical procedure was 1345 follicular units. The most frequent location of the HT was the temporal area (30 patients [59%]), followed by the frontal area (22 patients, [44%]) and the eyebrows (15 patients [29%]). The patients were followed for a mean of 3.2 years after the HT (range, 2-10). All the patients received medical therapy for FFA after the HT. The mean graft survival rates after 1, 2, 3, and 5 years of follow-up were 87% (n = 51), 71% (n = 51), 60% (n = 38), and 41% (n = 12), respectively (Fig 1). All 12 patients with a follow-up time of at least 5 years after the HT presented with a graft survival rate lower than 60%. There were no differences in graft survival by location or by postsurgical medical therapy. A longer time between stabilization of FFA and surgery was not associated with higher survival of the grafts. Of the 51 patients, 42 (82%) were satisfied with the HT. No significant worsening or reactivation of the disease was detected in any patient.

There are very few reports in the literature showing the outcome of HT in patients with FFA.[3-5] To our knowledge, fewer than 10 such patients have been described. Jiménez et al[4] reported 3 cases with destruction of more than 50% of the grafts 3 years after the HT. On the contrary, Liu et al[5] reported a case in which the majority of the grafts 4 were maintained years after the HT. The authors hypothesized that HT may be useful in patients with FFA if it is performed at least 2 years after clinical remission. Nonetheless, in our study we observed a decrease in graft survival over time independently

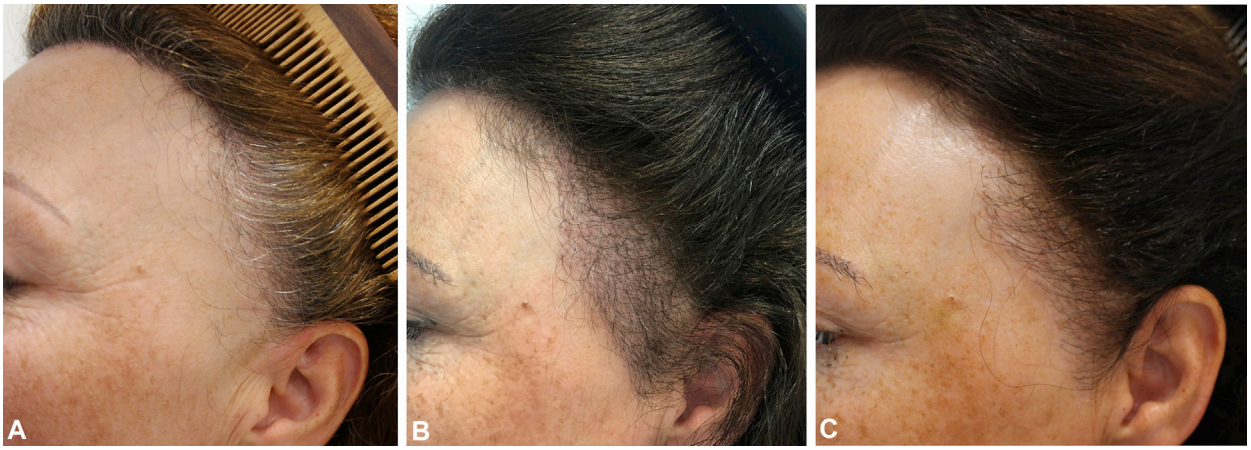

Fig 1. Frontal fibrosing alopecia in a 52-year-old female. The patient was receiving medical therapy with oral dutasteride, 0.5 mg daily, plus topical pimecrolimus, with stabilization of the disease in the last 2 years. **A**, Baseline image. **B**, The patient underwent a hair transplant strip technique for the temporal areas and for the eyebrows. Clinical result after 1 year of the hair transplant, with 85% of survival of the transplanted grafts. **C**, Clinical worsening 4 years after the hair transplant despite maintaining medical therapy, with a graft survival rate of 50%. It is noteworthy that in androgenetic alopecia, the graft survival at the first year of follow-up is approximately 90% to 95% and these grafts survive over time.

of the time from clinical remission. In our opinion, HT might be offered to selected patients with FFA who want to improve small areas, but always after discussing with the patient the long-term survival of the grafts. The retrospective design is a limitation of this study.

In conclusion, the result of HT in patients with FFA is temporary, despite their receiving medical therapy. Although the satisfaction of the patients is high, a careful discussion with the patient about the duration of the results of the HT is highly recommended.

Sergio Vañó-Galván, MD, PhD,[a,b] *Emilio Villodres, MD, PhD,*[c] *Ramón Pigem, MD,*[c] *M. R. Navarro-Belmonte, MD,*[d] *Manuel Asín-Llorca, MD,*[d] *Teresa Meyer-González, MD,*[e] *Rita Rodrigues-Barata, MD,*[a,b] *Óscar M. Moreno-Arrones, MD, PhD,*[a,b] *David Saceda-Corralo, MD, PhD,*[a,b] *Pierre Bouhanna, MD, PhD,*[f] *and Alejandro Camps, MD, PhD*[g]

Trichology Unit, Ramon y Cajal University Hospital, University of Alcala, IRYCIS, Madrid, Spain[a]*; Trichology and Hair Transplantation Unit, Grupo Pedro Jaen Clinic, Madrid, Spain*[b]*; Villodres Trasplante Capilar, Barcelona, Spain*[c]*; Centro Dermatológico Estético, Alicante, Spain*[d]*; Dr. Gálvez Hospital, Málaga, Spain*[e]*; Bouhanna Hair Transplant Clinic, Paris, France*[f]*; and Teknon Clinic, Dermalas, Barcelona, Spain*[g]

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Correspondence to: Sergio Vañó-Galván, MD, PhD, Hospital Universitario Ramón y Cajal. Ctra. De Colmenar Viejo km. 9100. 28034, Spain

E-mail: sergiovano@yahoo.es

REFERENCES

1. Kossard S, Lee MS, Wilkinson B. Postmenopausal frontal fibrosing alopecia: a frontal variant of lichen planopilaris. *J Am Acad Dermatol*. 1997;36:59-66.
2. Vañó-Galván S, Molina-Ruiz AM, Serrano-Falcón C, et al. Frontal fibrosing alopecia: a multicenter review of 355 patients. *J Am Acad Dermatol*. 2014;70(4):670-678.
3. Nusbaum BP, Nusbaum AG. Frontal fibrosing alopecia in a man: results of follicular unit test grafting. *Dermatol Surg*. 2010;36(6):959-962.
4. Jiménez F, Poblet E. Is hair transplantation indicated in frontal fibrosing alopecia? The results of test grafting in three patients. *Dermatol Surg*. 2013;39(7):1115-1118.
5. Liu YS, Jee SH, Chan JL. Hair transplantation for the treatment of lichen planopilaris and frontal fibrosing alopecia: a report of two cases. *Australas J Dermatol*. 2018;59(2):e118-e122.

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