

## Use of beard hair as a donor source to camouflage the linear scars of follicular unit hair transplant

A linear scar (also termed a strip scar) is an inevitable outcome of follicular unit hair transplant (FUHT).<sup>1</sup> The scar remains a challenge for both the surgeon and patient because it presents a continuous line of bald skin that is easily traced by the eye and requires hair styles long enough to cover. The scenario is worse when the scar widens, which can occur at any time from weeks to months after surgery. There are several methods, all with limitations, for both minimizing and repairing the strip scar: trichophytic closure, controlled tension at closure, scar revision, and tattooing.

The use of follicular unit extraction involving removal of individual hair follicles has allowed adding hair to the strip surgery scar without creating another cosmetically significant scar.<sup>2</sup> Although head hair would be a natural donor choice to improve the appearance of strip scars, many patients require available head donor supply to address baldness in other areas. Further, while beard hair would be expected to have less length than scalp hair, and variance should be expected between patients, I have observed that



**Figure 1** Clearly visible scar from prior follicular unit hair transplant.

length still allows adequate coverage of strip scars. In one patient, I performed a small test by measuring hair of both untrimmed transplanted head and beard hair on bald crown. After a period of 10 months, both had grown to 8.5 cm<sup>3</sup>. As a result, I have used beard hair grafts to camouflage strip scars in over 60 select patients as a viable and cosmetically attractive alternative to use of finer leg hair.<sup>4</sup>

Figure 1 shows a representative patient with a clearly visible strip scar. After transplantation of about 1200 beard hairs, the strip scar is no longer visible 10 months after surgery (Figure 2). Anesthesia of the extraction sites was achieved by local subcutaneous infiltration of diluted lidocaine and bupivacaine. Grafting is performed under local anesthesia as previously described.<sup>3,5</sup> Modified hypodermic needles are created (19- and 20-gauge) with tips to form a customized punch-like instrument and mounted on a rotary tool. The customized needle tip confers the benefit of widening wounds with depth, diminishing injury to follicles and accelerating wound closure. Such wounds tend to have inverted or straight edges, which favors faster



**Figure 2** Ten months after beard hair transplantation. The scar is no longer visible.

healing compared to substantially everted wound edges. For recipient grafting, slits should be created by means of blades custom sized to the dimensions of the extracted grafts. Beard grafts from the donor source are harvested first from areas below the jaw line and then superior disposed areas (e.g., cheeks and sideburns), if needed. Beard areas are also pretreated with 5% minoxidil once or twice daily for a variable period of 6 weeks to 6 months before surgery and anagen hair was specifically used by preshaving the areas 2–3 days before surgery.<sup>3</sup>

Hypopigmentation at the extraction site is possible, especially in patients with darker skin, but the effect is usually tolerable cosmetically. Transient, mild paresis of oral mimetic muscles lasting 1–2 h is common due to the diffusion of local anesthetics onto the marginal mandibular and buccal nerves. Prophylactic laser treatments 2 weeks after surgery in the beard area may facilitate faster healing.

For select patients, transplantation of beard hair for repair of strip scars appears to be a viable option when there is adequate beard hair.

### Conflict of interest statement

None.

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None.

## References

1. Bernstein RM, Rassman WR, Rashid N, Shiell RC. The art of repair in surgical hair restoration part I: basic repair strategies. *Dermatol Surg* 2002;**28**:783–94.
2. Rassman WR, Bernstein RM, McClellan R, Jones R, Worton E, Uyttendaele H. Follicular unit extraction: minimally invasive surgery for hair transplantation. *Dermatol Surg* 2002;**28**:720–8.
3. Umar S. Hair transplantation in patients with inadequate head donor supply using nonhead hair: report of 3 cases. *Ann Plast Surg* 2011;**67**:332–5.
4. Jones R. Body hair transplant into wide donor scar. *Dermatol Surg* 2008;**34**:857.
5. Umar S. The transplanted hairline. Leg room for improvement. *Arch Dermatol* 2012;**148**:239–42.

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