



HAIR DISORDERS

MICRONEEDLING AND PLATELET RICH PLASMA VS MICRONEEDLING AND TOPICAL MINOXIDIL 5% THERAPY IN MALE PATTERN HAIR LOSS

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Background: Male Pattern Hair Loss (MPHL), also known as androgenetic alopecia (AGA), is the most common cause of hair loss in men. It is characterized by progressive hair shedding and miniaturization of hair follicles, forming baldness patterns according to Norwood Hamilton criteria. The treatments options of MPHL are limited with various results. Standard regimen minoxidil 5% still used in the treatment of MPHL. Recently, microneedling and platelet rich plasma (PRP) have received attention as potential therapy for hair loss. Microneedling affects hair growth, upregulates the hair growth-related genes and helps penetrating the substances to the scalp, meanwhile PRP induces proliferation of dermal papilla cells.

Observation: Two male patients with Norwood Hamilton criteria stage III were allocated into two different treatments; the first was treated with microneedling and PRP, the second with microneedling and topical minoxidil 5%. The treatment was done in eight sessions, repeated every two weeks for 2 months and every four weeks for the next 4 months. The outcomes were assessed after eighth session by clinical examination, macroscopic photos, and videodermoscopy. Patient treated with microneedling and PRP have significant hair growth than the second one. Videodermoscopy showed the increment of hair density in both patients but the hair growth, hair thickness, frontal hair line had an earlier response in patient treated with microneedling and PRP. Patient satisfaction showed good result.

Key message: Microneedling and PRP is more effective in the treatment of MPHL than microneedling and topical minoxidil 5% as evaluated by clinical examination, so it can be regarded as an alternative therapy for MPHL.

