Clinical Applications of Temporoparietal Hair-Bearing Flaps for Male Pattern Baldness and Mustache Formation

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Abstract. This article demonstrates some variations and clinical applications of pedicled, vascularized, hair-bearing temporoparietal flaps. The most important advantages are that the baldness can be repaired in one operation, there is no loss of scalp skin, the procedure can be done under local anesthesia, and it is not necessary to hospitalize the patient or to give a blood transfusion due to the use of a cephalic tourniquet. We also use the temporoparietal flap for mustache formation in cases in which we have to camouflage a scarred upper lip as a result of bilateral cleft lip sequellae, trauma, or cancer. Island hair-bearing flaps are transferred from the scalp to the upper lip through a hemirhytidoplasty incision.

Key words: Temporoparietal flaps—Pediculated—Baldness—Hair flaps

Materials

Three male patients were operated on: Two had a double temporoparietal flap (Figs. 1 and 2), like that described in Juri [6] and Elliot [5]. In the third patient, upper labial scars that were sequelae of bilateral cleft-lip surgery done somewhere else were removed and replaced with a vascularized island hair-bearing cephalic flap taken in a similar way to that in the other two patients (Fig. 3).

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Method

When selecting patients for baldness surgery, there are some criteria that must be met:

1. nonsmoker
2. controlled blood pressure
3. not more than 10% overweight
4. less than 50 years old
5. preferably an active patient

Surgical planning three days before surgery is very important. As a part of the protocol, we use Doppler for investigation of superficial temporal arteries and collaterals. We use flap dimensions similar to those of Juri [6] and Elliot [5]: 3.5 cm wide × 12 cm long. They are principally parietal and almost never reach the occipital area (Figs. 4 and 5).

The temporoparietal flaps are shaved in such a way that the upper cephalic hair covers the shaved zones, allowing the patient to be able to work the day of the operation. Also, we try to check some previous photographs when the patient had normal frontal hair to try to relocate the new implantation frontal line correctly. The night before the operation, the patient cleans his head thoroughly with an iodo-povidone soap for at least 20 minutes and takes 4 mg. of lorazepan orally before going to bed. He registers for surgery the next morning on an empty stomach.

A cephalic pneumatic tourniquet is applied, as recommended by Orticochea [8] in order to avoid excessive bleeding (Fig. 6). A solution of D5W with 50 mg of fentalamine is used and decreased slowly during the procedure. Before beginning infiltration with xylocaine–epinephrine (1 × 1000), 50 mg of
Fig. 1(A,B) Preoperative photographs of a 45-year-old patient that presented male pattern baldness and who fulfilled all the requirements and conditions in order for implantation of temporoparietal flaps to be performed. (C,D) The significant achievement of the implants is seen immediately after surgery. Notice the double temporoparietal flaps and the suture line sites. (E-G) Postoperative views demonstrate good and lasting results and the effectiveness of this technique.