LETTERS AND COMMUNICATIONS

Comment on Double-Blind, Placebo-Controlled Pilot Study on the Use of Platelet-Rich Plasma in Women With Female Androgenetic Alopecia

We read with great interest the article “Double-Blind, Placebo-Controlled Pilot Study on the Use of Platelet-Rich Plasma in Women With Female Androgenetic Alopecia” and would like to congratulate the authors for their article and efforts to perform a double-blind, placebo-controlled study.

We have previously remarked on the importance of more controlled and well-designed clinical trials that should be conducted to confirm the clinical improvement of androgenetic alopecia (AGA) with administration of platelet-rich plasma.

The authors state that their article is the “only placebo-controlled study that investigated the effect platelet-rich plasma (PRP) had on female androgenetic alopecia” and make no mention of our Randomized Placebo-Controlled, Double-Blind, Half-Head Study to Assess the Efficacy of Platelet-Rich Plasma on the Treatment of Androgenetic Alopecia, previously published in this journal.

We would like to highlight our article, which included 13 female patients with androgenetic alopecia. We were able to demonstrate that the administration of PRP attended a statistically significant improvement of mean anagen hairs, telogen hairs, hair density, and terminal hair density at 3 months and 6 months, when compared with baseline (control vs treatment, p < .05).

Regarding the mean hair count, we did not find any statistical differences between the treated area and control area, throughout the duration of the study.

In addition, Nusbaum and Tosti performed a commentary making reference to our study as it “included equal numbers of men and women, and it used a half-head design comparing symmetrical left and right target areas, which were tattooed for accurate localization of blinded phototrichogram assessments.”

In our experience, PRP is a potential treatment for female patients with AGA, without major side-effects, although more research is needed.

References


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The authors have indicated no significant interest with commercial supporters.

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ISSN: 1076-0512 • Dermatol Surg 2017;0:1 •