

SPRING DERMATOLOGY & SKIN CARE EXPO CONFERENCE

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Renata Indelicato Zac

Minas Gerais' Military Hospital, Brazil

Exploring the clinical treatments for Alopecia

Currently, only finasteride 1mg for male patients and minoxidil 2 and 5% solution and 5% foam are FDA-approved for the treatment of male and female pattern hair loss. Low-level laser light therapy is FDA-cleared for the treatment of androgenetic alopecia. In women with hyperandrogenism, spironolactone, finasteride and ciproterone acetate appear useful. Finasteride is a competitive inhibitor of type II 5- α -reductase, and acts by decreasing the conversion of testosterone to dihydrotestosterone. Minoxidil increases duration of anagen and enlarges miniaturized follicles. It is also a potassium channel opener and vasodilator. Topical latanoprost 0.1%, topical melatonin, a formulation containing follistatin, keratinocyte growth factor (KGF), and vascular endothelial growth factor (VEGF), plasma rich in growth factors and adipose-derived stem cell-conditioned medium could be useful for stimulating hair

follicle activity and treating hair loss. *Serenoa repens* extract has been shown to inhibit both types of 5- α reductase. Treatment should be used for 12 months before making a decision about efficacy. In women on hormone replacement therapy or oral contraceptive pill, the dose and type should be stabilized. DHEA or testosterone should be avoided. Tinted powders, lotions, and hair sprays, wigs, hair pieces, and hair extensions can provide cosmetic relief to patients.

Speaker Biography

Renata Indelicato Zac is a Brazilian Dermatologist and has her expertise in Clinical and Cosmetic Dermatology and is pursuing her Master's degree in Health Science. She is the Director of Clinica Attento, Belo Horizonte, MG, Brazil, and Mentor in dermatology training at Minas Gerais' Military Hospital.

e: renatazac@hotmail.com



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