Commentary

Age related thinning (ART) is characterized by the progressive, diffuse, uniform decrease in hair shaft diameter. The key word is "uniform." Both AGA and ART are progressive conditions and can be so at varying rates. And both AGA and ART can be diffuse, with the female pattern of AGA displaying diffuse miniaturization and men having both diffuse patterned and un-patterned alopecia (DPA and DUPA).

Hair thinning in AGA is a focal process. It starts with one follicle in a follicular unit and then gradually involves others, characteristically resulting in hairs of varying diameters (miniaturized or partially miniaturized hairs). In contrast, hair thinning in ART is a uniform process. Uniformity is the defining characteristic of ART, where every hair shaft becomes finer at the same time and to the same degree. ART is not merely thin hair it is a genetically programmed process that relentlessly reduces hair shaft diameter over time.

It is important to make the distinction between gross clinical thinning, which can be due to the loss of the absolute numbers of full thickness hairs (telogen effluvium), the presence of miniaturization (AGA), or the accumulated thinning of every hair follicle (ART), and the thinness of the actual hair. Thin hair is a characteristic of every hair in ART, some hair in AGA and not seen in TE, although in all three conditions one's overall head of hair can look and feel "thin."

Age related thinning has often been referred to as senile alopecia, but the problem with this latter term is that the condition can start at an early age (just as AGA can). ART is truly an age-related genetic process that involves all the hairs on one's head. It is not androgenetic. It is can be the only process that is occurring when a women or man complains that they have thinning hair or decreased hair volume. But ART can certainly occur along with AGA – and usually does!

The diagnosis of ART is simple: no matter where you look you seen uniformly fine hair. When you look at the donor fringe of an 80-year-old man using dermoscopy and see uniform, fine hair, these changes are from ART, not AGA.

The implications are real. ART can make a non-miniaturizing, apparently stable donor area “go bad.” It can result in a disappearing hair transplant, a translucent donor zone and visible donor scars. Unfortunately, there is currently no specific treatment for age-related thinning. Only an accurate diagnosis and good surgical planning will spare the patient these problems.

The importance of the clever paper by Dr. Muthuvel is to alert the clinician to consider a wide variety of factors when assessing patient candidacy for hair transplantation (SDA, DT and RT). Perhaps we can consider one more.

Robert M. Bernstein MD, New York, NY and William R. Rassman MD, Irvine, CA