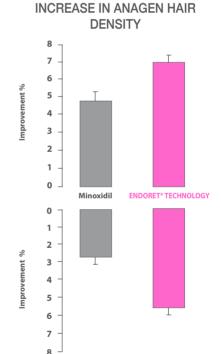


ANDROGENETIC ALOPECIA

TREATMENT OF ANDROGENETIC ALOPECIA: COMPARATIVE CLINICAL STUDY BETWEEN PLASMA RICH IN GROWTH FACTORS AND TOPICAL MINOXIDIL

ENDORET® TECHNOLOGY PROMOTES IMPROVED ANAGEN / TELOGEN RESULTS OVER TOPICAL MINOXIDIL

Anagen (active growing phase) follicle number achieves a $6.9\%\pm0.4$ improvement after ENDORET® TECHNOLOGY treatment, while $4.7\%\pm0.5$ is achieved after minoxidil application. Moreover a $5.7\%\pm0.3$ improvement in telogen (active falling phase) follicle decrease after ENDORET® TECHNOLOGY treatment is achieved, while only a $2.6\%\pm0.5$ is achieved using minoxidil therapy.



DECREASE IN TELOGEN
HAIR DENSITY

ENDORET® TECHNOLOGY IMPROVES 1.5 TIMES ANAGEN HAIR GROWTH AND DECREASES 2.2 TIMES TELOGEN HAIR GROWTH OVER TREATMENT WITH MINOXIDIL



ABSTRACT

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Management of androgenetic alopecia: a comparative clinical study between plasma rich in growth factors and topical minoxidil.

PURPOSE

The purpose of the present study was to evaluate and compare the efficacy and safety of plasma rich in growth factors (PRGFs) versus topical minoxidil treatment in AGA affected patients.

METHODS

Following a retrospective case control design, 379 patients treated with either PRGF or minoxidil were included in this study. Diagnostic trichograms at baseline and 4 months after treatment were performed with the aim of analyzing the anagen/telogen hair change improvement.

RESULTS

PRGF-treated patients showed higher anagen hair increase improvement compared to minoxidil-treated ones (6.9 \pm 0.4 and 4.6 \pm 0.5 %, respectively) (p<0.05). Telogen hair decrease improvement was also higher in PRGF group (5.7 \pm 0.3 and 2.6 \pm 0.5 %, respectively) (p<0.05). Global photographs showed an overall volume and quality hair improvement for both treatments. No adverse effects were reported.

CONCLUSIONS

This retrospective study shows that PRGF is a safe and effective treatment for AGA and evidences that PRGF exerts improved anagen/telogen results than topical minoxidil.

LEVEL OF EVIDENCE

Level IV, therapeutic study.