Hair in the Mouth: A Rare Presentation

Sir,

An important though rare side effect of reconstruction surgery in oral cavity is persistent hair growth in the recipient site due to intact hair follicles. Hair growth in the transplanted site may be due to the dominant nature of the underlying skin. A 40-year-old male came to the dermatology outpatient department with a complaint of excessive hair growth in the oral cavity 2 months after oral reconstructive surgery. The patient was a diagnosed case of low flow vascular malformation palate. He had undergone palatal excision and reconstruction with left anterolateral thigh flap 2 months back. The graft took well only partially leaving a defect, and after 2 months of surgery, the patient returned to his surgeon to complain about the excessive hair growth on the flap and remnant palatal defect. He was referred to a dermatologist for opinion regarding hair removal at this unusual site. On examination of the oral cavity, we noted a large amount of hair on the flap which was used for repair of palatal defect. The hair was long, thick, and coarse. Posterior to the flap, an oval defect of 2 cm × 3 cm was appreciable. The patient had difficulty in eating and chewing as the food got entangled in the tuft of hair. The patient had Fitzpatrick’s skin Type 5 and had thick dark hair all over his body. He was advised to have laser intraoral hair removal, but he refused despite adequate explanations of the procedure.

Intraoral hair can result in emotional and psychological distress to the patient. The excessive hair in oral cavity causes difficulty in eating, swallowing, and speech. There are limited options for removal of intraoral hair. The various precautions while using laser for intraoral hair removal are to avoid the graft junction with epithelial tissue and to keep energy levels at such a level that it does not destabilize the graft. Several treatments are required at 4–6 weeks interval due to the hair growth cycle. It is desirable to reduce or eradicate hair from the donor site using a neodymium-doped yttrium aluminum garnet (Nd:YAG) or other appropriate laser, before grafting to the recipient site. In a study done on nine patients with intraoral hairy flap, long-pulsed Nd:YAG laser treatment under general anesthesia resulted in effective hair reduction in eight out of nine patients regardless of flap type. In five out of nine patients, a hair clearance of >90% could be achieved, whereas laser treatment was ineffective in one male with white hair. Patients were very satisfied with the outcome, and the side effects observed in this study were mild and transient including slight swelling, postoperative pain, dysphagia, and postoperative difficulties in swallowing. Shim et al. reported five cases with hairy intraoral flaps treated with long-pulsed alexandrite laser, reporting a significant improvement in four out of six cases and a partial response in one patient. Few studies on Nd:YAG laser treatment in patients of intraoral hair growth had promising results.

Our case highlights this seldom seen but very grotesque complication of surgery where a dermatologist’s help is called for. We report this case because of the clinical rarity of the complication of intraoral hair growth postsurgical

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Figure 1: Intraoral flap on palate with long, coarse, and dark hair

Figure 2: Palatal defect visible posterior to intraoral flap (arrow)
reconstruction. We have also tried to throw some light on the proposed role of long-pulsed Nd:YAG laser in intraoral hair removal.

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Conflicts of interest

There are no conflicts of interest.

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