

INTRODUCTION

Excessive hair growth can be termed hypertrichosis or hirsutism. Hypertrichosis is defined as an increase in hair growth that is not androgen dependent and is usually of non endocrinal origin. It may be diffuse or localized and can occur in either sex (*Kvedar et al., 1985*). On the other hand hirsutism is terminal hair growth occurring on the face or body of a women in a pattern more typical of that seen in men (*Bertolino and Freedberg, 1987*).

Hirsutism is extremely distressing to many patients. In most cases there is no obvious cause, some patients have excess androgen secretion that may be due to ovarian, adrenal or excessive stimulation by pituitary tumors, end organ hypersensitivity to androgen or iatrogenic hirsutism (*Odom et al., 2000*).

Different modalities have been used for years to camouflage and remove excess hair including bleaching, shaving, waxing and chemical depilation. These methods are not only temporary but may induce such problems as irritation or folliculitis (*Richards et al., 1990*).

Electrolysis has been used in the treatment of hirsutism. It can be very painful, can potentially cause scars (Keloid in susceptible), post inflammatory hypo or hyperpigmentation and is very time consuming (*Wagner et al., 1985*).

Both temporary and permanent epilation have been reported after irradiation (*Olsen, 1999*). But radiation may cause radiodermatitis, skin keratoses and cancers (*Odom et al., 2000*).