

S U M M A R Y

Hirsutism is one of the most difficult cases with which the physician has to deal with. It is defined as the appearance of excessive hair in normal and abnormal sites in the female or as a growth in female of coarse terminal hair in part of or in whole adult male sexual pattern.

It can be graded in any region of the body from grade I which is minimal terminal hair to grade IV which is frank virilization and its incidence is variable, while higher in the people of Mediterranean region, is lower in Japanese.

In general, the cause of this condition is excess androgen which is due to adrenal and / or ovarian sources, or it may be idiopathic. However cases of hirsutism due to exogenous medication as Dilantin are present.

The hirsute female must be subjected to

clinical examination and hormonal assay to evaluate her condition. Some patients simply have a few hairs on the face, while others have heavy beards and moustaches, in addition to considerable hairs on the chest, abdomen and extremities. In hormonal assay, the plasma free testosterone is elevated in hirsute female even if the total plasma testosterone is normal, and the level of plasma 3α -androstenediol, the peripheral androgen metabolite is elevated even in the presence of normal values of other androgens. Recently a highly significant correlation between the concentration of testosterone in saliva and the concentration of free testosterone in plasma was found and so salivary testosterone level, measured by radio immuno assay was used for evaluation of hirsutism.

Concerning the treatment of hirsutism, antiandrogen drugs have been used with success.

Dexamethasone used in a dose of 0.5 mg/day at bed time, resulting in a favourable improvement but with many side effects of

overdosage for a long period of time.

Oral contraceptive pills have been used in a dose of 2 mg nor ethin drolone and 0.1 mg mestranol for at least 6 months , approximately 60% of treated patients reported a decrease in the rate of hair growth and / or a decrease in amount of facial hair.

Cyproterone acetate in a dose of 100 mg/day for 6 - 12 months was used with figures of improvement varying from 58% to 70%. However when this drug used in a combination with ethinyl estradiol (100 mg cyproterone acetate from 5th to 14th day and 0.05 mg ethinyl estradiol from 5th to 25th day of menstrual cycle), a marked success reported with only two main side effects, weight gain and tiredness.

Finally spironolactone, aldosterone antagonist, was introduced in the treatment of hirsutism with a dose of 50 mg / day for 6 months in the mild cases and a dose of 100 mg / day for 6 months in the severe cases, there was a clear

beneficial effect on the quantity and quality of facial hair growth of almost all treated cases with no discernible side effect apart from diuresis limited to the first few days of treatment. So spironolactone is a highly effective and safe agent for the treatment of hirsutism.

Beside anti androgen drugs, shaving or epilation may be used in the treatment of hirsutism.