

GUIDELINES FOR THE TREATMENT OF VITILIGO PATIENTS

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Before beginning, the patient must be fully informed regarding treatment and the chances of its reasonable success. Because they consider Vitiligo only a simple cosmetic problem, Italian doctors usually refuse to treat this disease or treat patients by administering ineffectual dosages.

Thus, our patients are informed that our treatment of the disease involves two steps:

1. The immunological condition of each patient is examined to check whether any auto immune diseases are present in the preclinical phase (thyroiditis, pernicious anemia, diabetes, etc.). Young people, under 30 years of age, are given a psychological test.
2. An appropriate therapy is then chosen. The choice depends on many factors:
 - a. Patient motivation
 - b. The extension of Vitiligo
 - c. The time available
 - d. The availability of a UVA cabinet, etc.

Three or four months are needed for the treatment to produce any signs of repigmentation. Consequently, the patient is tested with different therapies for 6-8 months: if he is classified as responsive, treatment can be continued up to a maximum of 18-24 months. Patients must be reassured that, unlike for psoriasis, Vitiligo therapy is not life long.

There is usually an increasing scale of treatments starting with topical psoralens, at low concentrations, through to oral PUVA and finally involving the combination of more therapies, local or oral.

The objective is first to reduce the maculae of Vitiligo, as much as possible, with topical treatment. This is because the patient, having generally unsuccessfully undergone treatment with Trisoralen (still the most commonly prescribed in Italy), is more compliant. Patients often are either afraid of the toxicity of psoralens or dislike the contrast between pigmented and depigmented skin. By employing topical treatments, we are able to reduce the time reserved for the more effective, but less agreeable oral treatments.

In practice, we follow this procedure:

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| 1. Patients with I-II phototype: | Photoprotection |
| 2. Children or Hepatopathic/Nephropathic adults: | Topical steroids or topical phototherapy |
| 3. Small spots of Vitiligo: | Topical phototherapy |
| 4. Vitiligo of the hands and feet: | First topical phototherapy, second systemic PUVA |
| 5. Extensive Vitiligo: | Systemic PUVA |

PRODUCTS USED IN PHOTOCHEMOTHERAPY

FUROCUMARINS: 8-MOP (crystalline or liquid; the latter not available in Italy) or 5-MOP (local or systemic)

AMINOACID: Phenylalanine

FUROCROMONE: Khellin (local or systemic)