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Evaluation of possible immunological variants influencing the clinical response to needling: A new approach in the treatment of vitiligo

Patricia Araujo¹, Wander Valentim² and Marco Araujo¹¹Santhè Clinic, Brazil²Federal University of Minas Gerais, Brazil

For stable forms of vitiligo, many are the surgical techniques proposed, in order to improve patients' response to NB UVB. The surgical techniques for the treatment of vitiligo can be classified according to the nature of the graft. Some surgical techniques are: Minigrafts; suction blister, in which the top of the blister induced by suction is used as grafts; split thickness grafts in which a sheet of 0.2-0.3 mm thick skin, consisting almost exclusively of epidermis is used as a graft; Needling, in which, with the use of a needle it is possible to transplant pigment cells from the edge to the center in the leucoderma area. After, the patients are submitted to phototherapy NB UVB, however, patients submitted to needling have different degrees of repigmentation. We wondered why and supposed that when transplanting cells from the edge compared with when transplanting cells at least 3 cm further, better results could be achieved in the second case. Considering vitiligo as an auto immune disease, we supposed that cells far from the edge could be in better immunologic conditions, compared to those near the edge, where the number of auto antibodies could be higher. In order to put this hypothesis to test, we have done needling in both sides of the same patient. We have chosen one patient who had vitiligo lesions on both sides of the body. On the right side of the body, the donor cells were near the edge of the lesions. On the left side of the body, the donor cells were at least 3 cm far from the edge.

Biography

Patricia Araujo has expertise in Phototherapy, area in which she has been working since 17 years. The major focuses of her study are: vitiligo, psoriasis and mycosis fungoides. She has developed theories on various responses to surgical treatments of vitiligo, which could improve NB-UVB response.

saudesanthe@hotmail.com

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