

Vitiligo and Skincare Physicians Meeting

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How to face vitiligo treatment

When evaluating vitiligo, the dermatologist must bear in mind that although not a serious health risk, it does have a great psychological impact, which is why he must be proactive and be motivated to convince the patient to carry out the treatment. As with any dermatological process which does not guarantee a total cure and with a long-term yet simple treatment perspective which despite being uncomfortable has very rare side effects, the vitiligo-dedicated dermatologist must know how to transmit to the patient the three following virtues: Faith, Hope and Charity: Faith in the doctor, Hope that the treatment can work and Charity with himself to accept the compliance of a hard and prolonged treatment. Personally this is the focus that I use with my patients that usually come to me looking for an expert. My treatment can be prescribed by any dermatologist but it could be difficult to obtain nice results without following the recommendations mentioned previously. What is the basic treatment for me? Taking as a starting point that treatments must suit the patient and not only the illness, I personally manage the following: Topical Tacrolimus: Its use has become fashionable without many dermatologists knowing exactly why. It is not merely an anti-inflammatory, there are studies which explain scientifically that Tacrolimus is able to increase tyrosine activity of the melanocyte and increase its migratory ability. Ultraviolet Light: Mainly in UVB-NB band or even sunlight controlled exposition in sunny countries like Spain. Without light it is impossible to stimulate melanocytes from any reservoir, such as the peri-follicular niche or peri-lesional skin. Topical Khellin: 30 years of experience have convinced me completely about the use of topically applied khellin plus sunlight exposure. Although its capacity to stimulate melanocyte mitosis is inferior to psoralens, its long-term safety is important. Topical application of khellin achieves a notable level of penetration of the active substance to the basal layer in just an hour (recent unpublished research), but also daily application achieves an effective epidermic depot effect. The combination of a minimum daily sunlight exposure of 5, 10 or 15 minutes if possible usually produces excellent results in responsive body areas. Oral Antioxidants: Given that the function of light is essential yet knowing that it stimulates free radical production, using Prof. Schallreuter's theory of melanocyte defect that they are unable to clean these toxic products, it seems useful to provide oral antioxidants to manage free radicals in vitiligo. Those with proven efficacy such as Polypodium Leucotomos and Vitamin E protect against possible photo-induced damage and create a better environment for new melanocyte migration. It is clear that these options are not the only possible therapies for all vitiligo cases but they are very effective especially in countries where controlled sunlight exposure is cheap and easy for 7 or 8 months a year. Over 30 years dedicated to treating vitiligo patients allow me to share this experience with which I have obtained excellent results.

Biography

Agustin Alomar Muntanola is a Dermatologist of University of Barcelona, Spain and Vice-president and Treasurer in the Organizing Committee of the Congress of EADV, Barcelona, 2003. He is the Member of Spanish Academy of Dermatology and Venereology, Ibero-Latino-Americano College of Dermatology, European Society of Dermatological Research, American Academy of Dermatology, European Academy of Dermatology and Venereology, European Society of Contact Dermatitis and American Contact Dermatitis Society. He is the Founding Member of the Vitiligo European Task Force VETF.

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