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Quick direct transplant of melanocytes in patients with vitiligo using needling micrografting, dermabrasion techniques and intralesional injection of melanocytes by spade like needle

Khalifa E Sharquie

University of Baghdad, Iraq

In refractory cases of vitiligo where medical therapy fails, surgical procedures are highly indicated where melanocytes are transplanted into vitiliginous area. There are many surgical procedures like punch mini-graft, suction blister epidermal grafting, split thickness grafting, cultured and non-cultured melanocytes transplant and others. These maneuvers are usually time consuming, need sophisticated labs and well trained personals and very costly. Recently we invented procedures by quick direct transplant of melanocytes from normal donor area into recipient vitiliginous skin. These methods are needling micrografting, dermabrasion techniques and intralesional injection of melanocytes by spade like needle. These new techniques are quick, take very short time, give rapid re-pigmentation, highly effective and without complications during and following operations. Also these new methods are simple, not need for sophisticated equipment, well trained personals and not costly. These new maneuvers will be discussed.

ksharquie@gmail.com

The study of release of alarmin HMGB1 in keratinocytes Kuanhou Mou¹, Pan Li² and Wei Liu¹

Kuanhou Mou¹, Pan Li² and Wei Liu¹

The First Affiliated Hospital of Xi'an Jiaotong University, China

Vitiligo, a common idiopathic acquired depigmentation disorder, occurs mostly in young people who are typically very concerned about their appearance. Although the causes of vitiligo are still unknown, so, it is still not easy to treat with. In the past, scholar always focused on abnormal of melanocytes (MC), but recently we found not only MC but also keratinocytes had malfunctions. For example, HMGB1 could be passively released by apoptosis and necrosis keratinocytes or actively released in vitiligo. In order to investigate the release of HMGB1 by HaCaT cell and keratinocytes of tissue from vitiligo patients, HaCaT cells were treated with UV light or with apoptosis drugs or with cytokines and freeze-thaw process. The supernatant was condensed and subjected to SDS-PAGE to detect the release of HMGB1. Measure the HMGB1 and cleaved caspase-3 expression in skin biopsies of normal control subjects and vitiligo patients by immunofluorescence. HMGB1 was detected in the supernatant of HaCaT after treated and control supernatant was not detected. Cleaved caspase-3 was found in the stratum corneum of vitiligo patients and control patient was not found. HMGB1 was expressed in the nucleus of keratinocytes of control patients and transferred from nucleus to cytoplasm in vitiligo patients.

[mkhn001@163.com](mailto:mkh001@163.com)