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Evaluation of applied protocols by Sudanese dermatologists for treatment of non-segmental vitiligo

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Introduction: There are different guidelines applied in the treatment of vitiligo around the world. They are varied from immunosuppressant, antioxidants and melanogenesis enhancers to bleaching remedies in the spread type of disease.

Aim: To reflect the practice of treating non-segmental vitiligo in Vitiligo-Clinic of Khartoum Hospital for dermatological and venereal diseases.

Method: The survey was designed as two parts: "Part one" studying the medicine from different categories that are mostly prescribed for the subdivisions of non-segmental vitiligo and "Part two" was designed as 20 questions in which we evaluated the phototherapy applied by dermatologists with or without medicine. The two parts were then filled by 21 out of 28 dermatologists working in Vitiligo-Clinic of Khartoum Hospital with at least one year experience in dermatology according to their actual practice in Vitiligo-Clinic in Khartoum Hospital for dermatological and venereal diseases during the period from October 2012 to February 2013. The data were then analyzed using Statistical Package for Social Sciences (SPSS) version 14.

Results: Topical corticosteroids Grade 2 are the most prescribed steroid for adults (25%) with different types of vitiligo. In acrofacial vitiligo the doctors prescribed topical tacrolimus and pimecrolimus more than often (17.7%, 15.5% respectively). Unlike in other subtypes of vitiligo, doctors prefer melanogenesis enhancers like methoxsalen and psoralen in adults with generalized (30%) and universal vitiligo (25%). However, physicians in this survey usually prescribe depigmentation therapy only for universal vitiligo (20%). First choice phototherapy for focal and generalized vitiligo is BB-UVB (57.14% for both). The commonest method to determine the starting dose for NB-UVB and PUVA is to give fixed starting dose to all skin type then minimal erythemal dose (57.4%). The results showed that dermatologists equally suggest that both PUVA and NBUVB phototherapies give better color matching or they cannot say which is better (33.3%, 3.33% and 33.3% the same percent). 52.38% of dermatologists think PUVA give the fastest, effective and stable repigmentation. 42.86% think NBUV is sometimes effective against acral vitiligo. 47.86% of dermatologists recommend adjuvant to phototherapy in the beginning or if there is no response after one month and 47.62% prefer highly potent topical steroids as an adjuvant. They prescribed multivitamins and antioxidant mainly as an oral medication (42.86% 32.10% respectively) and they notice purities and mid burn as a major side effect on their patients (52.38% and 33.33% respectively). They prefer emollient if there is an accident overdose of UVB.

Conclusion: We recommend establishing registry and evaluation program of current protocols applied in non-segmental vitiligo in Sudan so as to reflect the patient's variability in compare to the world record.

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