

SURGICAL TREATMENT IN ACROFACIAL VITILIGO

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A total 18 patients of stationary acrofacial vitiligo, relatively resistant to medical treatment, of various age were selected for blister grafting. Duration of their disease varied from 3 to 10 years. The autografts were taken up and cosmetically acceptable result were seen in approximately 90% of the cases during the follow up period varying from 6 months to 2 years.

Key Words : Vitiligo, Acrofacial, Blister grafting

Introduction

Acrofacial vitiligo exhibits poor response to all kinds of medical treatment modalities, viz. PUVA sol therapy, steroids human placental extract etc. We tried to treat 18 patients of resistant stationary acrofacial vitiligo with modified epidermal grafting by blister method.

Materials and Methods

18 patients of various age were selected for this result oriented method. The lesions were non-progressive and resistant to traditional medical treatment. A prior consent of the patient was obtained before dermatosurgery was planned. A suction blister cup with pressure of 200 to 300 mm/hg. was placed on shin of tibia, shoulders and arm for 2 hours to develop blisters on these locations. The vitiliginous skin was removed by superficial dermabrasion under local anesthesia and roof of blister from donor area (epidermal graft) was taken and grafted on recipient site. Antibiotic dipped occlusive

dressing was done. Patients were followed up after 15 days, 3 months and 6 months intervals.

Results

During the follow up period varying from 6 months to two years, cosmetically acceptable result was as follows :

100%	in 27.8% cases
80 to 90%	in 61.1% cases
Less than 80%	in 11.1% cases

Comments

Acrofacial vitiligo is difficult to treat with routine line of medical therapy.^{2,3} Micropunch grafting is not possible to treat vitiligo on lips. Tattooing is an alternative, but improper camouflaging and disappearance of pigment after long time create aesthetic problems. Melanocyte culture is still in its initial stage. In our experience, the present method is a good alternative and preferable for treatment of acrofacial vitiligo.

References

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Table I

Pt. No.	M/F	Age	Duration		Affected area	Result	Duration of follow up
			1-2 years	3-5 years more than 5 years			
1.	M	14	3 years		Face	80	One year
2.	F	19	4 years		Forehead	100	6 months
3.	F	24	5 years		Hand	95	4 months
4.	F	22	3 years		Face	90	6 months
5.	M	20	3 years		Lips	100	2 years
6.	M	20	3 years		Lips	100	2 years
7.	F	27	2 years		Lips	90	8 months
8.	F	30	3 years		Lips	100	1½ years
9.	M	23	4 years		Hands/fingers	90	6 months
10.	F	40	6 years		Fingers	100	6 months
11.	F	18	2 years		Lips	95	6 months
12.	M	16	1 year		chin + lips	90	1½ years
13.	M	25	4 years		Fingers + toes	80	6 months
14.	M	27	7 years		Toes + Ankles	80	1 year
15.	M	42	5 years		Ankles + Feet + toes	50	6 months
16.	F	17	1 year		Lips	90	1 year
17.	F	29	3 years		Lips	90	1 year
18.	M	22	4 years		Hands + Foot	80	3 months