ORAL PSORALENS VS INJECTION PLACENTAL EXTRACT PLUS ORAL PSORALENS IN VITILIGO

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One hundred patients with vitiligo were enrolled from out patient department from the year 1990-91 for screening the therapeutic effect of injection placental extract (Placentrex). Patients were divided into two groups of 50 each, age and sex matched and were given two different regimens of treatment. In Regimen- I, patients were given oral psoralens followed by sun exposure after 2 hours and then application of topical betamethasone-17 valerate. In Regimen-II patients were given treatment as in regimen-I along with injection of placental extract. It was found that initial response rate of Regimen-II therapy was 36% higher than Regimen-I whereas total efficacy of R-II was 20% higher than R-I.

Key Words : Placental extract, Vitiligo, Psoralen

Introduction

Vitiligo is a common inherited or acquired pigmentary disorder of the skin characterised by well circumscribed depigmented macules surrounded by normal/ hyperpigmented border. The exact aetiology of vitiligo is unknown. Various theories have been put forward and depending upon them various drugs like psoralens, corticosteroids, hormones like pituitary extract etc have been tried but none has given satisfactory results. Somehow, placental extract when given I/M alongwith oral psoralen and topical corticosteroids has been reported to give encouraging results rather than psoralens alone. Placental extract is the latest modality in the treatment of vitiligo. The rationale for its use is that, vitiligo is an autoimmune disorder and placental extract is a biostimulant, and it also contains trace elements like Zn, Cu and tyrosine (a precursor of melanin).

Materials and Methods

One hundred patients with vitiligo were enrolled in the study. Patients taking drugs for any other disease (within 3 months) were not included. Detailed clinical history was taken and thorough general physical, systemic and dermatological examinations were done. Routine investigations including Hb, TLC, DLC, complete urine and stool examinations were within normal limits. The patients were divided into two groups of 50 each, age and sex matched and each group was given different regimens of treatment. In Regimen-I (R-I) patients were given Tab 8-methoxy psoralens (20 mg in adults and 10 mg in children) in the morning and exposure of the areas to sunlight after 2 hours for 5 minutes to start with and then increasing by 5 minutes every week to a maximum of half an hour and then continued for half an hour for the rest of the treatment. After exposure topical application of betamethasone-17 valerate was done. In Regimen-II (R-II), same treatment as in Regimen-I was given and in addition, injection placental extract was given on alternate days for first month, then twice a week for rest of the treatment and patients were asked to follow same instructions. Patients were followed up every month for a period of 6 months. Clinical interpretation was made by the area of repigmentation.

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Results

Out of 100 cases, maximum number of cases belonged to age group 11-30 years (55%) and 88% cases were less than 50 years. Male : Female ratio was 1 : 1.2. The associated diseases in our patients were alopecia areata (1%), diabetes mellitis (1%), neurofibromata (1%), psoriasis (1%) and thyroid disease (1%). Family history of vitiligo was positive in 8% of cases. Localised vitiligo was noted in 7% cases, zosteriform vitiligo in 3% and acral vitiligo in 7% of patients.

were of treatment failure. Complete repigmentation was seen in 3 patients with R-II only at the end of the study. It was also observed that as the duration of disease progresses, the response rate falls. Similar were the observations of Mofty and Nada that lesser the duration of disease better the response.[1] Similar are the observation of Sharma who reported 85-90% repigmentation.[2] They also corroborated similar findings with topical placental hydroalcoholic extract. Behl observed better respnse rate in younger patients with short duration of disease.[3] Finally use of placental extract, topically or systemically, needs to be further evaluated.

Table I : Comparative efficacy of R-I and R-II in relation to duration of treatment

Duration (in months)	Repigmentation response								No response	
	++++		+++		++		+		-	
	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2
III	-	-	-	-	-	-	-	-	50	50
IV	-	-	-	-	4	10	10	12	36	28
V	-	-	4	14	13	12	11	8	22	16
VI	-	3	7	16	15	15	8		20	10

- No pigmented area seen, + 25% pigmented area, ++ 50% pigmented area
+++ 75% pigmented area, ++++ 95% pigmented area

By the end of 4th month, 14 out of 50 patients showed some response with Regimen-I while 22 out of 50 patients on Regimen-II showed repigmentation. Similarly by end of V and VI months, repigmentation was observed in 40 patients with Regimen-II and only 30 patients with Regimen-I.

It was also observed that longer the duration of the disease, lesser was the response of therapy.

Discussion

In our study, in R-I 30 (60%) patients responded to treatment and 20 (40%) were of treatment failure, while in R-II 40 (80%) patients responded to treatment and 10 (20%)

Acknowledgement

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References

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