

PERSISTENCE OF PSORALEN REPIGMENTATION IN VITILIGO

R P C Naik and Gurmohan Singh

Though psoralens are successful in the treatment of vitiligo, especially in the coloured races, persistence of the repigmentation after stopping the drug has not been studied in detail. Opinion is divided regarding the maintenance therapy. Among 16 vitiligo patients treated with oral psoralens, new lesions appeared in 6, though repigmentation obtained with these drugs remained stable. There was partial loss of repigmentation in 5 patients, complete loss in 2, and complete loss and new lesions in one. Only two patients showed no change upto 2 years.

Key words : Psoralens, PUVASOL, Vitiligo, Persistence of pigmentation.

Vitiligo affects more than 1% population all over the world. The phototoxic psoralens viz; psoralen (derived from the plant *Psoralea corylifolia*), 8-methoxypsoralen (8-MOP, derived from the plant *Ammi majus*), and trimethylpsoralen (TMP, a synthetic derivative) are fairly successful for the treatment of vitiligo. Despite their extensive usage, adequate information regarding permanence of repigmentation achieved with these drugs is lacking and thus there is no uniform opinion on the necessity for maintenance therapy. An attempt was made to study this aspect.

Materials and Methods

Patients of vitiligo were interrogated in detail on their first visit regarding the past oral psoralen therapy and its response. The extent of involvement was measured and recorded on cyclostyled charts. The patients were then advised to take 20 mg of one of the three psoralens orally daily followed 2 hours later by exposure of the lesions to sunlight for 30 minutes. All patients were seen once in 3 weeks. The treatment was stopped after satisfactory or complete repigmentation was obtained (satisfactory repigmentation being more than 75%

repigmentation with no further improvement for at least 2 months). Then patients were advised to come for follow up once a month. Decrease of repigmentation of the original areas or total depigmentation of, either a part of the lesion or some of the lesions in case of multiple lesions was considered partial loss. Complete depigmentation of all the original lesions was considered complete loss of new pigmentation. The duration of persistence of repigmentation was noted.

A retrospective study was also attempted by sending letters to patients who were prescribed this therapy 2 years earlier. It was suggested that a reassessment and fresh treatment, if necessary, would be advised. The details of initial clinical picture, treatment and its response were noted in patients who turned up.

Results

The retrospective study was unsuccessful as only 10 of the 75 patients who were sent letters responded. Of the 10 patients who reported, none had obtained even satisfactory repigmentation. They were irregular in taking treatment or had completely stopped it.

Permanance of repigmentation in the patients who were coming for follow-up on their own and from the prospective study was summarised.

From the Skin and S.T.D. Department, Institute of Medical Sciences, Banaras Hindu University, Varanasi, India.

Address correspondence to : Dr. R.P.C. Naik, Skin Department, K.M.C. Hospital, Manipal-576 119, India.

The longest duration of persistence of the new pigment was 8 years and the shortest, one month. In one case, there was no loss of new pigment or appearance of new lesions for 26 months and in another, upto 18 months upto-date.

Comments

Kenny¹ observed 21 black patients and found that the new pigment was retained for 3 to 9 years in 9 patients, and for 10 to 14 years in 12. He regarded repigmentation with these drugs as permanent. Recently, Theodoris et al² reported that 95% of the new pigment was retained for 18 months in 74 of the 76 adults and 10 out of the 11 children. However, Elliot³ felt that psoralen repigmentation was not permanent. El Mofty⁴ observed that new patches appeared and there was partial loss of repigmentation for which he advocated maintenance therapy. He had also noted that some patients did not have a recurrence for 4 to 10 years. Baker and Wilkinson⁵ stated that the pigment regained with psoralen therapy usually persisted but relapses might occur after stopping treatment.

In our study, of the 11 patients who obtained complete repigmentation, there was no loss of the new pigment in 5 patients for 1 to 3 years. Of the other 6, three patients lost new pigment in 3 to 5 months after stopping treatment. Of the 5 patients who got satisfactory repigmentation, 3 lost new pigment either partially or totally in 4 months.

One patient with satisfactory repigmentation showed no change for 26 months till date. In another, the new pigment persisted for 8 years

but he developed new lesions. In all, 6 of the 16 patients developed new lesions. It is thus obvious that the repigmentation achieved with psoralens does not persist for ever, though it persisted in some cases despite development of new lesions. Because of these variations and unpredictability of the progress of the disease, it is difficult to apply any general rule regarding continuation of the maintenance therapy. Though psoralens have not been proved to be hepatotoxic,⁶ Mosher et al advise discontinuation of the drugs once total repigmentation is achieved. We also recommend cessation of the treatment after the requisite period. The medication can be restarted as and when necessary.

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