experience mupirocin has been very effective in the treatment of folliculitis cruris pustulosa et atrophicans. A larger controlled trial is needed for assessing its full potential and a longer follow up to determine recurrences.

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REPIGMENTATION OF LEUKOTRICHIA OVER VITILIGO PATCHES AFTER PUNCH GRAFTING

To the Editor

Vitiligo patches are often associated with leukotrichia which usually remains as such even after complete repigmentation of the patches. While surgically treating vitiligo by punch grafting we incidentally observed repigmentation of leukotrichia in three patients. It was noticed between 10 to 16 weeks. The repigmentation started after 3 to 4 weeks of the perigraft pigment spread in all the three patients.

Vitiligo patches are often associated with leukotrichia which make them relatively resistant to medical treatment. Even after successful repigmentation of a vitiligo patch with PUVA therapy, the leukotrichic hairs remain depigmented causing tremendous psychological trauma to the patients.[1] Of late punch grafting (PG) has revolutionised the treatment of stable and resistant vitiligo.[2] This surgical technique along with PUVA has been found to repigment the vitiliginous skin quite effectively.[3,4] However, the issue of repigmentation of leukotrichia after PG has not been adequately addressed in the literature. Only recently split thickness skin graft (STSG) has been found to repigment leukotrichia along with the repigmentation of vitiligo patch.[1,5]

After PG, the repigmentation of vitiligo patches occurs by the migration of melanin from the grafted skin in vitiliginous patch.[4] Melanin remains in the melanocyte reservoir at the basal cell layer or the hair follicles. Although melanin freely travels to the basal keratinocytes of the vitiliginous skin to the hair cortical cells the transfer is often found to be inadequate. As a result in spite of complete repigmentation of vitiligo patches, often leukotrichia persists. The reason for the inadequate or incomplete melanin transfer is not known. Although the issue of repigmentation of vitiligo patch has been thoroughly discussed, the question of repigmentation of leuchotrichia has not been adequately highlighted in the literature.

Once the successful repigmentation of leukotrichia occurs along with the vitiligo

patch, the ultimate cosmetic outcome is unique. At present, we have taken up the study to probe furthur and evaluate the rate, degree and extent of repigmentation of leukotrichia after PG in ptients with vitiligo.

We like to share our preliminary observation of repigmentation of leukotrichia over vitiligo patches after punch grafting.

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