

LETTERS TO THE EDITOR

UNSTABLE VITILIGO RESPONDING TO METHOTREXATE

To the Editor

Vitiligo continues to be a disease with considerable social stigma attached to it. PUVA and topical steroids remain the mainstay of treatment.¹ In stable vitiligo autologous skin grafting has become an accepted mode of treatment.² However the unstable cases are relatively unresponsive and cause much concern. Pasricha et al have reported the utility of oral minipulse steroids in such cases.³ Few of our patients with recalcitrant unstable vitiligo have responded to low dose daily cyclophosphamide (personal observation). We report a patient with unstable vitiligo who responded favourably to methotrexate.

A 54-year-old female patient with a 10-year history of rheumatoid arthritis presented with a 6 month history of rapidly progressing vitiligo lesions over trunk and limbs. She was previously treated with analgesics and chloroquin for 3 years. However the latter had to be discontinued as she developed visual defects and a possible chloroquin keratopathy. Hence she was started on a once weekly dose of 7.5 mg methotrexate. At 3 months follow up after starting methotrexate her arthritis had improved and it was noticed that she had stopped developing new depigmented lesions. The rapid spread of depigmentation had ceased and there was considerable repigmentation of the existing vitiligo lesions. Although the exact etiology of vi-

tiligo remains unclear the association with other auto-immune diseases has given credence to the auto-immune hypothesis.^{1,4} Methotrexate has been reported to be useful in other auto-immune disorders like pemphigus.⁵ Hence in rapidly progressing unstable vitiligo short courses of methotrexate may help in stopping progress and bringing the disease process under control.

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