

Case #5:

Male patient, age 24, has segmented vitiligo over chin and neck area. Previous treatment had not produced effective pigmentation, we then used suction blister technique and dermabrasion for graft preparation. Used glycerine/polymer-based dressing to absorb fluid and avoid infection. It did not disturb normal process of repigmentation or graft attachment.



Photo 1



Photo 2

References

- Gupta S.: Double Syringe Blistering by Adding a Three-way Connector. *Journal of Dermatological Treatment*, 2001; 12 :219 - 220
- Falabella R.: Surgical Approaches for Stable Vitiligo. *Journal of Dermatological Surgery*, 2005; 31:1277-1284
- Malakar S, Dhar S.: Treatment of Stable and Recalcitrant Vitiligo by Autologous Miniature Punch Grafting: A Prospective Study of 1.000 Patients. *Dermatology*, 1999; 198: 133 - 139

Product used:

- * Elasto-Gel™ Wound Dressing
- ** Stimulen™ Collagen Lotion
- *** Toe-Aid™

SURGICAL COMBINATION THERAPY FOR VITILIGO TREATMENT, USING GLYCERINE-BASED SURGICAL STRIPS.

Dr. Paulo Luzio

Dermatology surgeon, Instituto de Dermatologist David Azulay, Santa casa da Misericordia de Rio de Janeiro • Member of the Sociedade Brasileira de Dermatologia, Sociedade Brasileira de Cirurgia Dermatologica and the American Academy of Dermatology.

Dr. Patricia Paludo

Fellow of Dermatology at Hospital Naval Marcilio Dias • Member of the Sociedade Brasileira de Dermatologia, Sociedade Brasileira de Cirurgia Dermatologica and the American Academy of Dermatology.

Abstract

Objective:

Vitiligo is an acquired idiopathic disorder involving over 1% of the world's population. Clinical treatments are not usually able to achieve complete repigmentation. Suction blisters melanocyte transplantation is a very good method to restore color and allow treatment of medium sized achromic lesions. It usually leaves some areas without repigmentation, because the roof of the blisters contract in the periphery, as it is common with any kind of skin graft. We have found that maximum repigmentation can be achieved by micro-punch melanocyte transplantation to complete the treatment.

Methods:

Thirty patients, male and female (aged 17 through 62 years of age) with segmental vitiligo were treated initially by suction blister melanocyte transplantation. After a period of some months, maximum repigmentation left achromic areas. To restore color in these areas, we performed 1mm micro-punch melanocyte transplantation and to avoid losing the transplant we used non-adhesive glycerine-based surgical strips.

Results:

After the second autologous melanocyte transplantation, there was complete restoration of skin color in all patients. The color was excellent and there were no scars on the donor areas due to the use of the non-adherent, bacteriostatic and fungistatic surgical strips.

Conclusions:

Suction blister and micro-punch melanocyte transplantation can be associated to effectively treat vitiligo. The use of a surgical strip that does not stick to the transplant with the benefit of bioburden control on the graft sites, due to its bacteriostatic and fungistatic properties, allowed a faster healing with excellent cicatrisation.



17th CONGRESS OF THE EUROPEAN ACADEMY OF DERMATOLOGY AND VENEREOLOGY

Presentation supported by



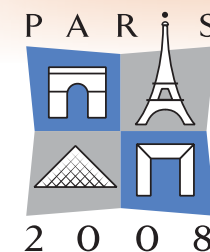
southwest technologies inc.

1746 Levee Road, North Kansas City, MO 64116
ph: (800) 247-9951 ph: (816) 221-2442 fax: (816) 221-3995
email: info@elastogel.com • website: www.elastogel.com

and

European Representative:

Etabl. Lievens-Lanckman bvba
Waardbeekdreef 1
1850 Grimbergen, Belgium
tel: +32 2 269 23 00 or fax: +32 2 269 79 53
e-mail: lievens@skynet.be • website: www.elastogel.com



EADV

17th Congress
European Academy of Dermatology
and Venereology

Paris, France 17-21 September 2008

SURGICAL COMBINATION THERAPY FOR VITILIGO TREATMENT, USING GLYCERINE-BASED SURGICAL STRIPS.

Case #1:

Male patient, 22 years of age, has segmeted vitiligo since age 15. He was treated with corticosteroids and phototherapy with partial improvement. To treat vitiligo we performed suction blister epidermal grafting. the recep-tor area was submitted to dermabrasion to re-ceive graft. The tops of the suction blisters were transferred to the recipi-ent area and covered with glycerine/polymer-based dressing, which were removed after 7 days.



Photo 1



Photo 2



Photo 3



Photo 4



Photo 5



Photo 6



Photo 7



Photo 8

Case #2:

This patient has seg-mental vitiligo in the forehead. He was treated with phototherapy with-out improvement. To treat him we performed autologous melanocytes transfer using suction blister technique. The pictures show him be-fore the surgery and 45 days after surgery. The dressing allowed the normal repigmentation with a faster reepitheli-zation, avoiding infec-tion and absorbing the fluids. We did not have infection problems after 1 week, even when not using any kind of antibiotics.



Photo 1



Photo 2



Photo 3



Photo 4

Case #3:

This patient has segmental vitiligo over her lips. The hairs are white so clinical treatment was not an op-tion. Since the le-sion was of small size our choice was melanocytes transfer via 1mm micro-punch. The donor area was the skin behind the left ear. Af-ter 3 months the color match is very good and improving with phototherapy. We can not see scars in the donor or receptor area. The glycerine/polymer-based dressing prevented infec-tion and did not take the grafts out of place.



Photo 1



Photo 2



Photo 3



Photo 4



Photo 5



Photo 6



Photo 7



Photo 8

Case #4:

Male Patient, 19 years of age, presents vitiligo in right cheek and chin area. Three months after melano-cyte transfer the color is very good and improving with photo-therapy. No scars in donor or receptor area.



Photo 1



Photo 2