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

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Product used:

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

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Surgical Combination Therapy For Vitiligo Treatment, Using Glycerine-Based Surgical Strips.

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Abstract

Objective: Vitiligo is an acquired idiophatic disorder involving over 1% of the world's population. Clinical treatments are not usually able to achieve complete re pigmentation. 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 re pigmentation, 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 re pigmentation 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 re pigmentation left achromic areas. To restore color in these areas, we performed 1mm micro-punch melanocyte transplantation and to avoid loosing 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 it's bacteriostatic and fungistatic properties, allowed a faster healing with excellent cicatrisation.

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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 receptor area was submitted to dermabrasion to receive graft. The tops of the suction blisters were transferred to the recipient 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 segmental vitiligo in the forehead. He was treated with phototherapy without improvement. To treat him we performed autologous melanocytes transfer using suction blister technique. The pictures show him before the surgery and 45 days after surgery. The dressing allowed the normal repigmentation with a faster reepithelization, avoiding infection 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 option. Since the lesion was of small size our choice was melanocytes transfer via 1mm micro-punch. The donor area was the skin behind the left ear. After 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 infection 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 melanocyte transfer the color is very good and improving with phototherapy. No scars in donor or receptor area.

Photo 1

Photo 2