



FOCAL VITILIGO OF AREOLA TREATED BY MELANOCYTES TRANSPLANTATION

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Medical treatment of vitiligo usually is very successful when there are melanocytes available at epidermis or hair to restore the normal melanocytes population. Some body areas have no reservoir of melanocytes since they have no hairs. Areola is a very common site of vitiligo and has no hairs, so achromic lesions of vitiligo rarely improve completely with medical therapy.

Our patient is 30 years old and a 10 years history of focal vitiligo of areola. Before surgery she made treatment with phototherapy (NB-UVB) and topical corticosteroids with some improvement. At physical examination the skin color is achromic and there are no hairs. It shows us that there is no melanocytes at epidermis and in the hairs so the only chance to achieve complete repigmentation is through melanocytes transplantation.



Surgical planning of the donor area

Suction blister melanocytes transplantation was the chosen method.

The donor area was the inner aspect of thigh. With an ink pad and a syringe without the embolus we performed the surgical planning. In each site of suction 7 ml of the anesthesia solution was injected before suction. This is an important step of the technique, because the blister formation is very painful and the solution turns the blister formation easier.

After 3 hours the blisters were not good enough, so we injected more 7 ml of anesthesia solution. Suction was reinitiated at the sites of small blisters.

Since the dressing must stay at least one week in the receptor and donor areas there is concern about infection. So we've been using Elastogel® (Southwest Technologies) to avoid this complication. This dressing is composed of glycerine (65%), polyacrylamide and water. It does not allow bacterial or fungal proliferation and absorbs the fluids. With this dressing there is no necessity to use topical or oral antibiotics after surgery.



Preparing the blisters through suction



One Blister is ready for transplantation



Suction was reinitiated after anesthesia



Dressing with Elastogel™

The receptor areas were dermabraded and the roof of blisters were transferred.

After 3 months the total area of repigmentation was small. It is very common to occur in sites not exposed to sunlight. So we need to be patient in these areas before perform a second procedure.



Dermabrasion of the receptor area and the transferred roof of the blisters



After 3 months only a small repigmentation



After 9 months there is still a discreet hyperchromia in donor area.

The color match in areola is perfect despite the difference of skin color of donor area.

The repigmentation is almost complete. The thin lines are hypochromic so they will not improve with another surgical procedure. Phototherapy can be tried.



Donor area after 9 months



After 9 months the color match was perfect and the repigmentation almost complete



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- Gupta S, Shroff S, Gupta S. Modified technique of suction blistering for epidermal grafting in vitiligo. Int J Dermatol. 1999; 38: 306-9

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