



PHOTOTHERAPY, PHOTODYNAMIC THERAPY

CLINICAL EVIDENCE OF A PREDICTIVE MODEL FOR RESPONSE RATE TO NARROWBAND ULTRAVIOLET B PHOTOTHERAPY IN VITILIGO AND THE DIFFERENT SUBTYPE RESPONDERS

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Introduction: Narrowband UVB (NBUVB) is currently the gold standard for widespread segmental vitiligo (SV) and non-segmental vitiligo (NSV) patients. Herein, we show our experience with different patient subtypes and their response to treatment based on a predictive model for response to NBUVB through sequential photographic complete follow-up.

Objective: To emphasize the clinical evidence of our results. This study supports the fact that different patients have different speeds of response.

Materials and Methods: Retrospective cohort study included 579 patients with SV and NSV diagnosed by physical exam, including Wood's light examination, clinical total body photograph and VISIA images in every NBUVB session. Patients received NBUVB phototherapy (3 sessions per week) according to skin type (table I). Each patient received at least 24 phototherapy sessions and more sessions were assigned according to clinical response with a maximum of 96 sessions.

Results: Five different subgroups are depicted according to the rate of repigmentation; very rapid, rapid, average, slow and non-responders (Table II). The main groups are; very rapid responders that represent 13,1% of the cohort study and have preferential involvement on the face, neck and trunk. They have a 77,3% of repigmentation in the first 48 sessions. Average responders represent 37,4% of the cohort. They have a 31,7% of improvement in the first 48 sessions. Non-responders group represent 5,5% of the cohort. These patients show only 2,7% percent of repigmentation in the first 48 sessions, but they can still improve after 48 sessions and achieve of 35,2% repigmentation at 96 sessions (Fig 1). A predictive model of response of the final repigmentation response to NBUVB is shown according to the response in the first 48 sessions.





Conclusions: The term non-responder, as described previously in the literature, must be redefined based on these new findings.

