ABSTRACT BOOK ABSTRACTS



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PHOTOTHERAPY, PHOTODYNAMIC THERAPY

UVA1 PHOTOTHERAPY (340-400NM) IN THE TREATMENT OF EARLY STAGE MYCOSIS FUNGOIDES – EVALUATION OF CLINICAL, HISTOPATHOLOGICAL AND HIGH FREQUENCY ULTRASONOGRAPHIC CHANGES

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Introduction: Psoralen ultraviolet A (PUVA) irradiation is the most common widely used first line therapy in early stage (IA, IB, IIA) mycosis fungoides (MF) but it carries risk of adverse reactions to psoralens and skin cancer. UVA1 (340-400nm) may be a safer alternative, with majority of reports on its efficacy in Caucasians but little data is available on Asians.

Aim: Our purpose of this open prospective study was to assess the efficacy of UVA1 Phototherapy in early stage MF and evaluate clinical, histological and high frequency ultrasonography (HF-USG) changes pre and post treatment

Materials and Methods: Ten male patients aged 27-50 years old with clinically and histologically confirmed MF (IA and IB, IIA) were administered UVA1 low dose (10-30 J/cm2) or medium dose regimen (40-70 J/cm2) three to four times a week till improvement followed by maintainence treatment. Clinical, histological and HF-USG responses, cumulative doses, total number of treatments, side-effects and duration of remission period were noted.

Results: There was a gradual improvement in the appearance of skin lesions in all patients with near complete remission achieved at end of 3 months and histology showing markedly decrease in density of epidermal and dermal infiltrate of atypical lymphocytes, linearly arranged , singly placed and haloed cells and epidermotropism. Melanin incontinence, dermal melanophages with fibrosis was observed. Side-effects were dryness, tanning and fatigue. HF-USG showed a subepidermal low echogenic band in lesional skin that diasappeared after treatment with UVA1 phototherapy indicating clinical remission Low dose regimen was given for maintainence and currently patients are under follow-up.

Conclusions: This preliminary study indicates that UVA1 phototherapy might be an efficient treatment for early-stage MF and believe that maintenance therapy with UVA1 or











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PUVA is required in MF patients with a careful followup.



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