



PIGMENTATION

A CASE SERIES OF ORAL MINOCYCLINE IN PATIENTS WITH UNSTABLE VITILIGO .

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Introduction : Vitiligo an acquired primary, usually progressive, melanocytopenia of unknown etiology, clinically manifested by circumscribed achromic macules often associated with leukotrichia. The etiology of vitiligo is still not known but several theories have been proposed to explain the melanocyte destruction like genetic, neural, cytotoxic, and autoimmune theories. High H₂O₂ level has been suggested to be responsible for the disappearance of melanocytes in vitiligo. Minocycline, an antibiotic possessing antioxidant activity, is capable of attenuating oxidative stress-induced neurotoxicity.

Observation : Case 1: A 26 year old male with unstable vitiligo of 2 years duration , not responding adequately to oral mini pulse(OMP) with disease progression. patient was tapered off steroids and started with oral minocycline 100mg daily. Patient reported stoppage of disease progression and perifollicular repigmentation at 4 weeks. patient attained more than 75 % re-pigmentation at 16 weeks.

Case 2 : A 45 year old male patient with unstable acral vitiligo of 1 1/2 year duration with unsatisfactory response to OMP. Patient was put on 100mg minocycline daily and patients reported perifollicular pigment accentuation and gradual pigment recovery of the palms and soles at 4 weeks and 8 weeks.

Case 3 : A 20 year old female with unstable generalised vitiligo , was put on oral minocycline 100mg daily. Patient reported disease stability and 50% and 70% repigmentation at 4th and 8th weeks respectively.

Conclusion : Minocycline offers a unique and potentially powerful approach to the management of arresting the activity of the disease.

