

PIGMENTATION

IS SUCTION BLISTER EPIDERMAL GRAFTING A SIMPLE AND RELIABLE WAY TO SCREEN PATIENTS WITH LARGE AREA VITILIGO FOR RECELL TREATMENT ?

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Abstract: ReCell treatment (autologous non-cultured epidermal cell suspension grafting, ANEC SG) is a method of choice for surgical treatments for large area and stable vitiligo, but not all ReCell treatments are effective and not all patients are fit for the treatment. Thus, a simple and reliable way to screen those suitable for ReCell treatment is urgently necessary and of important significance.

Objective: to explore if suction blister epidermal grafting (SBEG) is a simple and reliable way to screen patients with large area vitiligo for ReCell treatment.

Materials and Methods: 49 patients with large area and stable vitiligo (lesion area $\geq 150\text{cm}^2$, stable for ≥ 6 months) were selected. Among which, 36(G1) have had successful SBEG, 13(G2) haven't had SBEG before ReCell treatments. All lesion areas were dermabraded and treated with ANEC SG. Phototherapies (Excimer laser, wavelength of 308nm) start 15 days after surgery, continue twice a week for 3 consecutive months. Repigmentation rate was evaluated at 6 months after ReCell treatment. Results were graded as excellent, good, fair and poor according to repigmentation rate $\geq 90\%$, between 71%-90%, 51%-70% and $\leq 50\%$, respectively.

Results: In G1, 18 patients (50%) were excellent, 13(36.6%) were good, 5(13.9%) were fair, none were poor. In G2, 2(15.4%) were excellent, 3(23.1%) were good, 4(30.7%) were fair, and 4(30.7%) were poor. Total repigmentation rates $\geq 71\%$ and $\geq 90\%$ were both significantly higher in G1 than that in G2 ($P < 0.01$, $P < 0.05$). None in 2 groups presented complications such as infection and scarring.



Conclusion: SBEG is a simple and reliable way to screen patients with large area and stable vitiligo for ReCell treatment.

