



PIGMENTATION

SIX-YEAR FOLLOW-UP OF VITILIGO PATIENTS SUCCESSFULLY TREATED WITH AUTOLOGOUS NON-CULTURED MELANOCYTE-KERATINOCYTE TRANSPLANTATION

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Introduction: Vitiligo is a chronic acquired autoimmune disease characterized by the development of white amelanocytic macules. Surgical treatments are widely used as one of the best treatment options for stable segmental or generalized vitiligo. Despite that, there are few articles in the literature describing prognostic factors for melanocyte-keratinocyte transplantation in vitiligo patients.

Objective: To search for factors associated with long-term maintenance of patients with stable vitiligo successfully treated with melanocyte-keratinocyte transplantation.

Materials and Methods: This was a single-center retrospective study in The National Center for Vitiligo, Riyadh, Saudi Arabia. The study includes stable vitiligo patients who underwent successful melanocyte-keratinocyte transplantation between January 1st 2004 and June 30th 2015.

Results: In total, 602 patients were included in the study of whom 410 (67%) were women. Mean age was 24.25 years [4.0-67.0]. Affected body surface area of less than 1% (adjusted HR = 0.37; P = 0.04) and mechanical dermabrasion (adjusted HR = 0.26; P = 0.03) were independently associated with lower rates of relapse. On the contrary, non-segmental type of vitiligo (adjusted HR = 2.11; P = 0.03) and fingertip involvement (adjusted HR = 3.75; P = 0.01) were independently associated with higher rates of relapse.

Conclusions: Criteria for selecting patients with stable vitiligo for surgery should include careful assessment of vitiligo type including body surface area of vitiligo and involvement of fingertip before undergoing surgical procedure.

