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Evaluation of possible Immunological variants influencing the clinical response to needling – A new approach in the treatment of Vitiligo

For stable forms of vitiligo, many are the surgical techniques proposed, in order to improve patients' response to NB UVB. The surgical techniques for the treatment of vitiligo can be classified according to the nature of the graft. Some surgical techniques are:

- Minigrafts.
- Suction Blister, in which the top of the blister induced by suction is used as grafts.
- Split Thickness Grafts in which a sheet of skin of 0,2-0,3 mm thickness, thus consisting almost exclusively of epidermis is used as a graft.
- Needling, in which, with a needle it is possible to transplant pigment cells from the edge to the center of the leukoderma area. After, the patients are submitted to phototherapy NB UVB.


However, patients submitted to needling have different degrees of repigmentation. We wondered why and supposed

that when transplanting cells from the edge compared with when transplanting cells at least 3 cm further, better results could be achieved in the second case. Considering vitiligo as an auto immune disease, we supposed that cells far from the edge could be in better immunologic conditions, comparing to those near the edge, where the number of auto Antibodies could be higher. In order to put this hypothesis to the test, we have done needling in both sides of the same patient. We have chosen one patient who had vitiligo lesions on both sides of the body. On the right side of the body, the donor cells were near the edge of the lesions. On the left side of the body, the donor cells were at least 3cm far from the edge.

Speaker Biography

Patricia Fabrini has her expertise in Phototherapy, area in which she has been working for seventeen years. The major issues of her study are vitiligo, psoriasis and mycosis fungoides. And in vitiligo, she has developed theories about the various responses to surgical treatments of vitiligo, which could improve NB-UVB response.

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