

The MelanoSite

A newsletter of the Vitiligo Society of South Africa, compiled by Dr N Raboobee

Vitiligo International Symposium - Rome



The Vitiligo International Symposium was held in Rome on 2 and 3 December 2016, ably organised by Dr Maurao Picardo (Italy) and Dr Alain Taieb (France). The meeting extensively covered basic sciences, clinical aspects, and new techniques of treatment of vitiligo. A summary of selected

presentations appears on page 2 and 3. The meeting was preceded by a Consensus Conference attended by members of the International Vitiligo Working Group on 30 November and 1 December 2016 at the San Gallicano Research Centre in Rome, where methods of scoring vitiligo extent were dealt with.

Vitiligo Masterclass

A vitiligo masterclass was held at the G Marconi University in Rome, Italy on 4 December 2016, under the auspices of the Vitiligo Research Foundation.

The meeting covered the latest progress in vitiligo, dermatological disabilities and national reports on the quality of life in different countries including South Africa.

A common action at the United Nations was discussed for the benefit of all dermatological societies and new development goals and projects were set up.



NEW TECHNIQUE OF NON-CULTURED MELANOCYTE GRAFTING FOR VITILIGO

Dr Laila Benzekri (Morocco) and Dr Yvon Gauthier (France) described a new technique where a suspension of melanocytes and keratinocytes was obtained by trypsinising a skin biopsy specimen. The suspension was placed over the vitiligo skin of the same patient and a dermaroller was rolled over the area several times. Good results were shown in 5 patients treated with this method.



The epidermal suspension was prepared with a technique called cold trypsinisation where the epidermal graft was placed in trypsin and store overnight at 4 degrees Celcius (no incubator required). The melanocytes and keratinocytes were separated from the graft the next morning, centrifuged, and applied to the vitiligo skin. This technique eliminated the need to dermabrade the recipient vitiligo skin.



The Vitiligo International Working Group, San Galliciano, Rome

GENETIC STUDIES IN VITILIGO

Dr Richard Spritz - USA: Previous Genome Wide Association Studies (GWAS) identified 27 vitiligo susceptibility loci. In a third GWAS, 23 new vitiligo loci were identified. Most of these encode immune and apoptotic regulators. The identified vitiligo susceptibility genes clarify relationships to other autoimmune diseases and melanoma, and provide a pathobiological framework for pathways of melanocyte damage and offer potential new targets for vitiligo treatment.

CXCR3 DEPLETING ANTIBODY REVERSES DEPIGMENTATION

Dr John Harris - USA

The maintenance of vitiligo depended on CD8+ T cell recruitment to the skin through the chemokine receptor CXCR3. Blocking and depleting antibodies against CXCR3 reduced T cell numbers and reversed depigmentation in a

mouse model with vitiligo, having minimal impact on other compartments of the immune system. This is a potential new treatment strategy for the treatment of vitiligo.

DERMAL INFLUENCES OF NON-LESIONAL VITILIGO SKIN

Dr Daniela Kovacs - Italy:

There is a deregulation in the expression and release of several messengers involved in influencing melanocyte adhesion, growth and pigmentation, indicating the presence of an altered cross-talk among dermal and epidermal compartments which may contribute to affect melanocytes, even in normally pigmented skin areas.

DECREASED RELEASE OF KERATINOCYTE GROWTH FACTOR IN VITILIGO

Dr Persechino - Italy:

The cross talk between dermal fibroblasts and epidermal keratinocytes was further elucidated by showing that

keratinocyte growth factor (KGF) released from fibroblasts is necessary to trigger melanosome uptake in human keratinocytes through promotion of phagocytosis. Although melanocyte loss is considered to be the main event in vitiligo, a deficient melanosome transfer due to reduced expression and secretion of KGF may be an additional pathogenic mechanism involved in vitiligo.

BIOMARKERS FOR DISEASE ACTIVITY IN VITILIGO

Dr Marwa Abdullah - Egypt:

Serum levels of CXCL10, IL-17 and IL-6 were elevated in all of 55 vitiligo patients compared to 30 healthy controls. In addition, tissue CXCL10 correlated positively with serum CXCL10 and Serum IL-6.

Dr Jorge Hinojosa - USA:

Suction blisters were created in lesional and non-lesional skin at baseline and again after 4 weeks of treatment with oral pulsed dexamethasone, NBUVB and topical clobetasol in 4 patients with active vitiligo. There was a decrease of CXCL9 in lesional skin after treatment compared to non-lesional skin. Serum levels of CXCL9 also decreased after treatment. CXCL9 has been shown to be a potential biomarker to measure disease activity in vitiligo.

John Harris - USA:

The identification and validation of biomarkers of disease activity in vitiligo are needed to support potentially expensive and technically

challenging clinical studies. In a study of 7 active and 4 stable vitiligo subjects, CD8+ T cell numbers and CXCL9 concentration were found to be significantly elevated in active lesional compared to non-lesional skin. A reduction of CD8+ T cells and CXCL9 was demonstrated post treatment suggesting that these may be early markers of treatment response.

MECHANISM OF MELANOCYTE DYSFUNCTION IN VITILIGO. ROLE OF STEM CELL FACTOR (SCF) AND C-KIT

Dr Dorota Wilamowdka - Poland

In the epidermal melanin unit, fibroblasts and keratinocytes secrete a number of signal molecules targeting melanocytes. Stem Cell Factor (SCF) and its receptor c-kit are important for the process of melanogenesis. In a study involving 36 patients, melanocyte SCF (mSCF) was found to be increased and c-kit significantly lowered in vitiligo epidermis compared to normal skin. Excessive production of mSCF by keratinocytes is aimed at stimulating melanogenesis. However, reduction of c-kit expression by melanocytes may be associated with dysfunction or loss of melanocytes.

CONTINUOUS VS CYCLIC EXCIMER LASER TREATMENT FOR VITILIGO

Dr Jae Min Sung - Korea

Paired vitiligo lesions in 12 patients were randomized to continuous excimer laser (EL) treatment or cyclic on-off treatment. All lesions were treated twice weekly for a total of 9 months, continuously or cyclically with 2 months on and 1



VIS meeting Rome



San Gallicano Institute laboratory

month off treatment.

Cyclic EL treatment was shown to be as effective as continuous treatment. Repigmentation was even observed during treatment free intervals in the cyclic group.

SUCCESS OF EXCIMER LIGHT FOLLOWING LACK OF FURTHER IMPROVEMENT ON NBUVB

Mohamed Anbar - Egypt

Ten patients with non-segmental vitiligo who stopped responding during the last 3 months of NBUVB were switched to Excimer Light. Seven (70%) showed a marked improvement after 3 months of Excimer Light treatment administered twice a week. Excimer Light may be a helpful modality in the improvement of the final results achieved with NBUVB

A SIMPLE METHOD FOR RECIPIENT SITE PREPARATION IN ACRAL VITILIGO

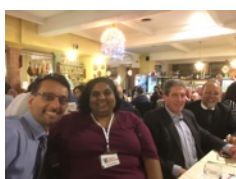
Dr Hasan al Fakahany - Minia

Existing methods of treatment for acral vitiligo are challenging. In a study of 24 patients with acral vitiligo, epidermal grafts were obtained by cupping and the recipient site was prepared by means of electro-dessication. Repigmentation was achieved in 21 patients. Electro-dessication may provide a simple and effective method for preparing recipients sites in acral vitiligo.

PLATELET RICH PLASMA TO TREAT VITILIGO

Dr Marwa el-Hawary

Intradermal injection of autologous platelet rich plasma is a potentially effective therapy for stable vitiligo, with a promising NBUVB enhancing effect.



DERMATOLOGY CONGRESS 2017



The annual congress of the Dermatology Society of South Africa has been scheduled to take place in Pretoria from 24 - 27 August 2017. A pre-congress Vitiligo Symposium will take place on the first day of the meeting.

The invited guests for the symposium will be Prof Robert Schwartz from USA and Prof Imran Majid from India.

An update of basic sciences relating to Vitiligo will be presented.

There will be video demonstrations on hair follicle transplantation and smash grafting for vitiligo - techniques that have not been demonstrated previously in South Africa. In addition, there will be a photographic exhibition by Mrs Baveesha Naran

Please submit your abstracts early to ensure acceptance for oral or poster presentation.

Calendar of events

International Vitiligo Working Group meeting Hyatt Regency Orlando, USA
2 March 2017

American Academy of Dermatology Orlando, USA. 3-7 March 2017

Vitiligo Masterclass -
24 September 2017 Rome, Italy
Spring 2017 Cuba

23rd International Pigment Cell Conference. Denver, Colorado, USA
26-30 August 2017

EADV Geneva
13-17 September 2017

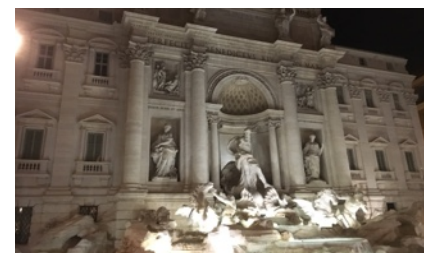


Up: At G Marconi University, Rome
Below: Dr Mauro Picardo (L), Dr Pearl Grimes (2nd from L), Dr Harvey Lui (R)

DERMATOLOGY CONGRESS 2017
INCORPORATING THE VITILIGO SYMPOSIUM



Restroom signs in a pasta restaurant - Rome



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