Objectives for vitiligo treatments
1. halting the disease progression
2. allowing complete repigmentation of lesional areas
3. preventing relapses

1. Halting disease progression
   - Assess if vitiligo is active:
     - Patients reporting a rapid onset and ongoing extension of depigmented lesions
     - Blurred and hypochromic borders under Wood’s lamp examination
     - Presence of a confetti sign
   - If active vitiligo:
     - Systemic steroids (ie. oral minipulse (OMP) betamethasone or dexamethasone using 5 mg twice a week on 2 consecutive days for 3 months to 6 months)
     - OR Narrowband UVB phototherapy
     - Methotrexate 10mg/week or minocycline 100mg/day can be discussed (low level of proof)

2. Repigmentation therapy
   - High potent topical steroid (5 days a week or 3 weeks/4) or topical 0.1% tacrolimus or 1% pimecrolimus twice a day
   - At best combined with sun exposures or narrowband UVB phototherapy
   - Low level of evidence for topical vitamin D analogues and antioxidants

3. Preventing relapses
   - Topical 0.1% tacrolimus twice weekly
   - Topical steroids could be also effective but data are still lacking

4. Potential emerging treatments
   - Afamelanotide: Potentially useful in dark skinned individuals. But potent tanning of non-lesional skin and moderate improvement compared to UVB alone. Need confirmation in larger studies
   - Janus kinase inhibitors: Strong fundamental level of evidence. Two encouraging case reports with tofacitinib and ruxolitinib. Prospective trials required to assess the efficacy and indications of this approach.
   - Topical Wnt agonists: Strong fundamental level of evidence demonstrating the interest of targeting Wnt pathway to induce the differentiation of melanocytes stem cells and thus repigmentation. No clinical data available yet.

References