Medical and maintenance treatments for vitiligo

Thierry Passeron, MD, PhD
Department of Dermatology
& INSERM U1065, team 12, C3M
University hospital of Nice, France

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
     - Best to combine OMP and NbUVB for the more active cases
     - Methotrexate 10mg/week or minocycline 100mg/day can be discussed (low level of proof)
     - Statins are demonstrated to be not effective in vitiligo

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. Encouraging case reports and in a short retrospective study. Will probably need to be combined with phototherapy. Potentially interesting for active forms of vitiligos. Prospective trials ongoing.
   _ Topical Janus kinase inhibitors: Good efficacy on face, moderate results on the trunk and not effective on hands and feet in open study. Seems more effective when combine with UV. Appears well tolerate. Phase 2 study ongoing.
   _ Apremilast: Acts on Th1 and Th17, CXCL10 but also can stimulate melanogenesis by activating the cyclic AMP pathway. Prospective trials ongoing.
   _ 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