Surgical approach in vitiligo

Vitiligo: building the toolbox
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Surgical candidates
1. Stable disease
   - Absence of confetti-like lesions, trichrome vitiligo and Koebner phenomenon for 1 year
2. Absence of new lesions
   - Ideally by photographic evidence
3. Segmental vitiligo
4. Minipunch test

Punch grafts
• Depth of the recipient and donor site
  - Muffin tops on the donor area
• 1 mm for face
• 1.5 mm for the rest of the body
• Maximum repigmentation at 3 months
• 50% to 65% successful repigmentation

Suction blister grafting
• Methods: cryotherapy, syringes or custom made suction devices
• Separation at the dermoepidermal junction
• No cobblestone effect and less scarring
• 52% to 87% successful repigmentation
• Cellutome is a novel automated epidermal harvesting system
  - 99.5% micrograft survival, easily operated device and low patient discomfort

Melanocyte Keratinocyte Transplant Procedure
• 1:5 to 1:10 recipient: donor ratio
• Donor tissue obtained by STG or suction blisters
• Suction blisters allow a more esthetic scar at the donor site and healing time is faster. Do not require a specialized personnel to harvest cells
• Complex procedure to obtain a suspension of melanocytes and keratinocytes

Repigmentation results
• Face is the best repigmentation site
• Followed by extremities and trunk
• Acral sites still remain a challenge
• Phototherapy (NB-UVB or Excimer laser) after surgery provides better repigmentation