Introduction

The bilateral vitiligo vulgaris (VVB) is an autoimmune disease with clinical course somewhat unpredictable. It affects about 1% of the population without significant difference of race and sex.

To date there is no universally accepted effective treatment. Based on more than 10 years of study and treatment of these patients and the observations on pigmentation in the international literature (1-4), we decided to use a cream with the active principle Piperine to evaluate their effectiveness. The proposed wording for Vivitan, the name of the cream has been developed around the pipereine based on observing the team at King's College London who had tested on animal model the efficacy of the extract of Piper nigrum as a stimulator of melanocytes (1).

In this work, mice were treated with pigmentation in health and without ultraviolet irradiation, which is why we have decided to experiment with and without ultraviolet B irradiation 311 nm, now the gold standard of treatment of vitiligo.

Materials & Methods

Patients

75 patients affected by SV underwent topical treatment with pipereine cream. Of the 75 patients 39 were males and 36 females aged between 18 and 53 years.

The extension of vitiligo ranged between 5 and 35% of the total skin surface.

32 patients (group A) carry 311 nm UVB phototherapy, but the other 43 patients not subjected to any form of phototherapy (group B).

Patients enrolled in this open study should satisfy the following rules:

Inclusion criteria:

1.SV with an extension from 5 to 50% of the total skin surface;
2. Aged between 18 and 65;
3. Compilation of written informed consent.

Exclusion criteria:

1. SV in an area greater than 50% of the total skin surface and other forms of vitiligo (seborrheic, segmental, etc.);
2. Age outside the range between 18 and 65;
3. Previous vitiligo; in the cases of vitiligo patients recruited for the written declaration that they were not pregnant. None of the patients had undergone in the past any form of treatment. Known only to report as signs of repigmentation from the first month, while group B 93% of patients have not been observed on the skin areas.

Of the initial 75 patients completed the study 3 did not accurately and therefore were eliminated from this report, two have performed occasionally in group A and one from group B applying the cream for reasons other than itself, a patient but did not show the last two control sessions (group B).

None of the patients experienced acute or chronic side effects both locally and in general without six months of experimentation. Known only to report a burning sensation and transient erythema at the application without the skin around the lips and eyelids. The feeling lasted from 5 to 30 minutes and was quite bearable, nothing to see on other skin areas.

Consequently, patients in the study of which 72 were: Group A is formed by 30 individuals, 12 males and 18 females while group B 42 patients including 25 males and 17 females.

The percentage of repigmentation obtained at the end of 6 months of treatment is shown in Figure 1. As you can see the results were very good with a repigmentation of between 76% and 100% in 25% of the patients in group B. In group A, percentage has been reached between the 2nd and 3rd month.

The percentage of repigmentation obtained remained stable even after 3 and 6 months after the end of the protocol.

Results

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Conclusions

The cream in Vivitan monophasic applications, has proved highly effective in inducing repigmentation of vitiligo affected skin areas with and without stimulation ultraviolet B 311 nm.

The patient compliance was excellent and only transient burning sensations were complained by some patients especially during the application of the lips and eyelids.

Recurrence of the disease was extremely low, although as always, the face and chest have responded faster and more complete patches of the limbs.

We believe that both ultraviolet treatment without the cream Vivitan is the reality novelty in the treatment of vitiligo.

References