
5-Fluorouracil as an adjuvant therapy along with microneedling in vitiligo



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THERAPEUTIC CHALLENGE

Small or acral lesions of vitiligo are relatively difficult to dermabrade using mechanical or motorized dermabraders. Although radiofrequency devices and lasers have been used for this purpose, we suggest a simple technique consisting of microneedling along with topical 5% 5-fluorouracil (5-FU) cream under occlusive dressing to overcome this problem.

SOLUTION

A CTS Dermaroller (Aakaar Medical Technologies Pvt Ltd, Mumbai, India) with a fine microneedle (1 or 1.5 mm) can be used for dermabrasion on small areas of stable vitiligo. After preparation, the area to be treated is anesthetized with local infiltration of lignocaine. Microneedling is then performed by rolling the dermaroller in different directions until pinpoint bleeding occurs, after which it is further rolled to ensure uniform dermabrasion (Fig 1). Topical 5% 5-FU is then applied under occlusive dressing at the dermabraded site for 7 days. The patient is given antibiotics (oral amoxicillin and clavulanic acid). An oral analgesic/anti-inflammatory (diclofenac) is suggested for intolerable pain only. Complete repigmentation is seen after 6 months (Fig 2). In conclusion, microneedling along with topical 5% 5-FU cream under occlusive dressing can be helpful in repigmenting small areas of vitiligo.



Fig 1. Depigmented macule and dermabrasion using the microneedling technique.

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Fig 2. Complete repigmentation after 6 months.