Combined treatment of NB UVB phototherapy and oral *Polypodium leucotomos* extract versus NB UVB phototherapy alone in the treatment of patients with vitiligo

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Aim of the study

To investigate whether the addition of an oral antioxidative and immunomodulatory aqueous extract, deriving from the leaves of Polypodium Leucotomos (PL), to NB UVB phototherapy might improve NB UVB induced repigmentation

Study design



Group A

Group B

N. pts			29
Age (range	, median)		18-60 (46.7 years)
Gender			
	Males		11
	Females		18
Skin type			
	II	8	
	III	12	
	IV	9	

N. pts			28
Age (range	, median)		18-55 (41.2 years)
Gender			
	Males		11
	Females		17
Skin Type			
	II	7	
	III	10	
	IV	11	

Methods

- Baseline : pigmentation evaluation
- Group A: Daily intake of PL (480 mg b.i.d. up to six months)
 Group B: Daily intake of placebo (b.i.d. up to six months)
- > NB UVB phototherapy twice a week up to six months
- **C** End of the study: post treatment repigmentation evaluation

PHOTOTHERAPY PROTOCOL

Twice weekly, not taking place on 2 consecutive days

Initial dose: 70% MED (NB-UVB)

Dose increments:

- treatment 1-4: 40% every other treatment
- treatment 4-8; 30% every other treatment
- treatment >8: 20% every other treatment
- 10% or same dose every other treatment when faint erythema appears
- Intense erythema: treatment omitted (once or twice)

Repigmentation Score 0= none Score 1= poor (1-25%) Score 2= moderate (25- 50%) Score 3= good (51-75%) Score 4= excellent (> 75%)

<u>Phototherapy source</u>: PUVA Combi Light PCL 8000 booth equipped with 48 tubes Philips® TL100 W/01 with a maximum emission peek at 311-312 nm

Group A



Baseline

Post-treatment





Post-treatment

Results



Number of treatments to obtain >25% repigmentation

Conclusions

>Our results demonstrated that oral supplementation of PL induce a faster onset of repigmentation as well as enhance the extent of repigmentation

Lower cumulative doses of NB UVB radiation are required when phototherapy is administered in combination with oral PL

In our study, confirming data already published, patients with recent onset disease had a better response to combination therapy than those with longer disease duration

Larger prospective studies are needed in order to further confirm our observations