REPORT

Vitiligo Symposium

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Several contributions were presented in a « from bench to bedside » approach in this symposium which completed the vitiligo session of the plenary meeting.

The bench side was illustrated by Cario-André et al (Bordeaux) who showed data testing the melanocytorrhagic hypothesis on epidermal reconstructs with melanocytes. Several tested agents were able to trigger the detachment of melanocytes, especially decomplemented sera from some patients. It was also shown that vitiligo melanocytes have an intrinsic defect which limits their adhesion in a reconstructed epidermis, with an enhancer effect of the vitiligo keratinocyte milieu.

Dell'Anna et al (Rome) presented new data suggesting that a compromised melanocyte membrane could render the cell sensitive to the external and internal agents differently, usually ineffective on the cell activity and survival. The primitive altered arrangement of the lipids may affect the transmembrane housing of proteins with enzymatic or receptorial activities, also conferring on them antigenic properties.

C Le Poole (data presented by A Overbeck, Madrid) made observations suggesting a disturbance of regulatory T cells in vitiligo patches.

On the bedside aspects, A Alomar (Barcelona) made a strong point to rehabilitate the use of khellin in association with sun exposure in vitiligo, a technique felt generally difficult to handle by other clinicians. A Fongers (Amsterdam) reported on the long term results of the minigrafting technique which is now less used with the development of autologous ultrathin grafts and cell suspension grafting. Y Gauthier (Bordeaux) reviewed a large series 130 segmental vitiligo (SV) patients with facial involvement showing that SV did not follow exactly dermatomes and was frequently overlapping one, two or three dermatomes. In some cases SV developed in areas supplied by nerves damaged in an injury, suggesting that a sympathetic nerve irritancy may trigger the onset of leucoderma. The possibility of another predisposing local factor such as a somatic mosaic gene susceptibility to develop vitiligo would in addition explain the limited, segmental distribution of most cases of SV.

Finally, bridging bench and bedside, P Eves (Sheffield) made a case for the production of pigmented skin substitutes in the laboratory that can be tranferred to the clinic using an adapted carrier system, offering new perspectives not only for vitiligo but for the burn patient.