Vitiligo Cases

ODAC 2023 David Rosmarin Vice Chair of Education and Research Director of Clinical Trials Tufts Medical Center

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Disclosures

- consultant for AbbVie, Abcuro, AltruBio, Arena, Boehringer-Ingelheim, Bristol Meyers Squibb, Celgene,
 Concert, CSI Behring, Dermavant, Dermira, Incyte, Janssen, Kyowa Kirin, Lilly, Novartis, Pfizer, Regeneron,
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 Inc., and Sanofi.

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Case 1

48-year-old man who presented to Tufts Dermatology in January 2022 with rapidly progressing depigmented patches on his arms, abdomen, back and shoulders. The patient noticed the patches a few months after he received the scored does of the Moderna COUID vaccine (Spikevay) in his right arm. The patient had not received a booster, nor did the patient have a history of COVID infection prior to the onset of rash.

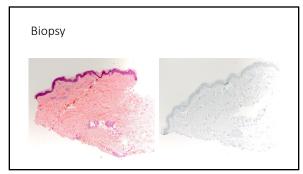




First treatment from PCP

- Ketoconazole cream
- Fluconazole orally

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What treatment would you give?	
A) Topical Corticosteroids	-
B) Oral Corticosteroids C) Topical Tacrolimus	
D) Phototherapy E) Ruxolitinib cream	
• F) oral JAK inhibitor	
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Progressive vitiligo	
 Dexamethasone 2mg tablet PO every Sat/Sun for 12 weeks. At follow up 2 weeks later, the patient reported stabilization of his rash. 	
Oral minipulses of betamethasone or dexamethasone (5 mg in single dose) on 2 consecutive days per week for several months led to the halt of vitiligo progression in 32 of 36 patients with active disease	
after 1–3 months of treatment Side effects in 12 to 69% included weight gain, insomnia, acne, agitation, menstrual disturbance, and hypertrichosis. 	
Dexamethasone 2.5 mg 92% halted activity	
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Pasticha IS et al Int.J Derm 1993; 32:753-757.	
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Treatment	
Ruxolitinib 1.5% cream twice a day	
Patient declined Phototherapy	







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Case 2

A 49-year-old male with generalized vitiligo for 11 years with approximately 90% facial involvement presents.



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"Rux cream please"





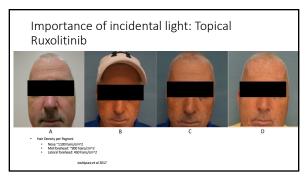


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Natural sunlight

- When not repigmenting, patients should avoid the sun
 Sun enhances contrast
 Patients can get burned
- Vitiligo patients are not at increased risk of skin cancer

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Follicular density of face

- Follicular density of face
 Nose ~1100 hairs/cm^2
 Mid forehead: ~900 hairs/cm^2
 - Lateral forehead: 450 hairs/cm^2



ira et al 2017; Pagnoni

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Patient fully repigmented. Now what?

- A) Tacrolimus 0.1% twice a week
- B) no treatment
- C) continue ruxolitinib cream BID
- D) ruxolitinib cream twice a week

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Maintenance

- Tacrolimus 0.1% twice a week
- \bullet reduced the rate of recurrent depigmentation to 10%, compared to 40% with placebo

