Autologous Melanocyte Transplantation In Vitiligo

Dr Artemi first pioneered this technique in Australian in 2015. Surgical treatment of vitiligo is now an accepted standard of care and the treatment of choice for segmental vitiligo, with greater than 90% repigmentation achieved in greater than 90% of cases. Non-segmental, non-acral vitiligo that is clinically stable (no extension or new lesions) for a minimum of 12 months is also amenable to surgical treatment with repigmentation of greater than 75% possible in more than 75% of cases.

Donor skin is first harvested from the upper outer thigh, before the epidermis and dermis are incubated and separated by enzymatic cleavage. The epidermal cells are then further separated and harvested under sterile laminar flow conditions to create a suspension of free keratinocytes and melanocytes. The vitiligo skin is then prepared by removing (ablating) the epidermis using an appropriate laser source, before the prepared epidermal suspension is transplanted and secured by dressings.
**Research at TVCA**

At TVCA we are currently undergoing clinical research into the treatment of vitiligo. Our current research areas are:

* Detection of vitiligo lesions before they clinically manifest through the use of UV computerised photography

* Comparison between the efficacy of Excimer Pulsed Light alone vs combined with topical Tacrolimus

* Assessing the benefit of Bimatoprost 0.03% combined with Excimer Pulsed Light in facial focal vitiligo

* Autologous melanocyte transplantation using hair follicle stem cell suspension

**Patient Consultation**

Patient referrals can be given directly to your patients with the TVCA contact details or alternatively emailed online via the GP section of our website (vitiligocentreaustralia.com.au)

For all online referrals our staff will promptly contact the patient to organise an appointment.

For urgent vitiligo appointments, please call TVCA on 96020286 and advise the reception staff of the urgency of the vitiligo.

At their first visit, in addition to consultation and treatment, patients undertake baseline photography, psychological assessment, and are given skin care, dietary and camouflage advice.

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**Introducing Excimer Pulsed Light Treatment**

TVCA is pleased to be able to offer Excimer pulsed 308nm UV light for the treatment of localised vitiligo (also beneficial for alopecia areata, psoriasis and atopic dermatitis). The Excimer Pulsed Light provides the same emission spectrum as excimer lasers - monochromatic UVB light at 308 nm allowing targeted phototherapy which is more effective than traditional narrow band UVB in inducing greater T-cell apoptosis and stimulation of DOPA depleted peri-follicular melanotic melanocyte production of melanin.

The clinical benefits of the Excimer pulsed 308nm UV light include:

* Faster treatment times (seconds rather than minutes)

* Quicker response times (weeks rather than months)

* Focal targeted treatment reducing exposure and potential side effects of UV-light on nearby unaffected skin

* Less intimidating than whole body UVB when treating children

* Superior to hand and foot and whole body UVB at all sites when treating vitiligo

* Ability to treat difficult locations such as flexures and genitals