SUMMARY AND CONCLUSION

Vitiligo is a common acquired disorder and occurs in about 1% of the world population. It is presented as patchy white depigmented lesions which gradually progress over many years. It occurs at any age but 70 to 80% of cases occur below the age 30 years.

There are various hypotheses for the pathogenesis of vitiligo the most accepted included genetic, neurogenic, autoimmune and melanocyte self destruction hypotheses.

Vitiligo can be classified into:
1- Localized which may be local (focal) or segmental.
2- Generalized which may be acroficial, vulgaris and universalis.
3- Mixed.

Different methods of treatment have been used in treatment of vitiligo which included:

I- Photochemotherapy:
   - PUVA
   - Khellin + UVA

II- Corticosteroid therapy (mainly topical steroids).

III- Surgical treatment which included many modalities:
   1- Dermabrasion with 5-fluorouracil topical application.
   2- Grafting techniques: Like minigrafting, epidermal sheets grafting and melanocyte transplantation.

The aim of this study was to evaluate a surgical modality in the treatment of vitiligo which is simple, easy & gives good results, this modality is dermabrasion followed by application of 5% 5-fluorouracil cream.
This study was carried out on 42 patients of focal or segmental or generalized patches of vitiligo, they were selected having vitiligo not less than one year duration and stable for at least 6 months or more some of them showed resistance to previous medical therapies, or didn't receive any treatment for at least 6 months prior to the start of surgical procedures.

Patients were subjected to the following:

- Complete history taking.
- Dermatological examination.
- Routine investigation including:
  - Complete blood picture
  - Bleeding and clotting time.

The studied cases were categorized in one group which was managed as follows:

- Ad patients were treated by superficial dermabrasion followed by application of 5% 5-fluorouracil cream in 10 successive days.

The patients were followed up every two weeks after surgical interference, for a period ranging from 6 months to one year.

After interpretation of the results obtained, the following conclusions could be obtained:

1- Dermabrasion followed by application of 5% 5-fluorouracil found to be effective in 34 patients out of 42 (81%). It is most useful on face and neck lesions and on the other hand it is least useful in hand and foot lesions.
2- Reactive hyperpigmented border without central pigmentation way appear after dermabrasion followed by application of 5-fluorouracil.

3- Although repigmentation became darker than the normal skin color in some cases, it lightened with time to the same colour as normal surrounding skin.

4- As regards the complication, no complication occurred with dermabrasion followed by 5-fluorouracil cream except in one case who show hyperpigmentation.

5- Our results suggested that old age patients had bad prognostic value in this surgical modality.

6- Dermabrasion followed by application of 5% 5-fluorouracil cream is a satisfactory alternative treatment for localized forms of vitiligo if currently used medical treatments failed.

So it is recommended that further research studies must be done on larger number of vitiligo patients and for longer follow up periods for more evaluation of the effect of this surgical modality.