

Introduction and Aim of the Work

INTRODUCTION

Vitiligo is a disease of acquired spontaneous depigmentation of the skin [*Koga, 1988*].

The etiology of vitiligo remains unclear. An autoimmune involvement has been suggested [*Hedley et al., 1998*].

Cell surface adhesion molecules are thought to play an important role in establishing intercellular contacts that are necessary for immunological reactions. Intercellular adhesion molecule-1 (ICAM-1) is a crucial adhesion molecule in mediating cell to cell adhesion during inflammatory responses, including non-MHC-restricted cytotoxicity. In this study, we shall measure the level of soluble ICAM-1 and its correlation with the clinical courses of our patients [*Hwang et al., 1999*].

The response to conventional treatments such as topical steroids or psoralen and ultraviolet A (PUVA) varies from case to case. For patients with stable localized vitiligo in whom these therapies have failed, surgical repigmentation is an alternative treatment modality. Among the various surgical repigmentation modalities, epidermal grafting using the tops of suction blisters has been reported by several groups [*Hann et al., 1995 & Gauthier and Surleve-Bazelle, 1992*]. Unlike other surgical procedures, epidermal grafting does not cause scarring at the donor or recipient sites [*Hann et al., 1995*].

The psoralen, when activated by ultraviolet light A (UVA), are potent modulators of epidermal cell growth and differentiation. Clinically, the combination of psoralen and UVA (PUVA) as a model of photochemotherapy has been used in a wide variety of cutaneous disorders such as psoriasis and vitiligo vulgaris **[Honigsmann et al., 1987]**.

Data are still needed to further document the efficacy and safety of suction blisters used for epidermal grafting in the treatment of vitiligo. In addition, there is no available data for the effect of therapy when PUVA is added.