

**PROCEDURE FOR TOPICAL PUVA THERAPY FOR VITILIGO**  
HOWARD UNIVERSITY HOSPITAL  
VITILIGO CENTER  
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1. 0.1% Oxsoralen (can be in any of the following vehicles: alcohol/propylene glycol, aquaphor or acid mantle cream) is applied with a cotton tipped swab within the margins of a vitiliginous patch.
2. The normal skin surrounding a depigmented patch is not treated.
3. Painted areas of involvement are exposed to UVA after an interval of 30 minutes.
4. An initial UVA exposure of 0.25 joules/sq cm is given (0.12 in Caucasians) with subsequent increments of 0.25 joules/sq cm with each treatment unless contraindicated (0.12 increments in Caucasians).
  - a. Contraindications include excessive erythema and edema, blistering or extreme pruritus.
  - b. Treatments are discontinued until the aforementioned reactions subside (usually 1 to 2 weeks).
  - c. At reinstatement of therapy, UVA doses are decreased to half the previous value.
5. Once the patient maintains moderate asymptomatic erythema, no further increments are made in UVA dosage.
6. Since phototoxicity peaks in 48 to 72 hours post irradiation, treatments are scheduled only once a week.
7. Instructions are given to wash the treated sun exposed areas with soap and water, followed by application of a broad spectrum sunscreen (SPF 15) prior to leaving the office.
8. Patients are also instructed to avoid unnecessary sun exposure for the next 24 hours following treatments.

(NOTE: \*Topical PUVA should never be attempted with natural sunlight and should never be prescribed to the patient for home treatment. It is reserved for patients with less than 20% surface involvement with Vitiligo.

**PROCEDURE FOR ORAL PUVA THERAPY FOR VITILIGO**

1. Baseline Laboratory  
CBC, SMA 12, SGPT, ANA  
Repeat every 6 months.
2. Complete baseline ophthalmological exam - initially and yearly.
3. Oxsoralen Ultra (8-MOP) 0.3 mg/kg ingested 1-1/2 hours prior to UVA light exposure.
4. Initial exposure of 0.5 joules/sq cm for (0.25 for skin types I & II) with subsequent increments of 0.5 joules/sq cm on every other treatment until persistent trace to 1+ erythema remains in areas of Vitiligo between treatments. If natural sunlight is used, summer mid-day initial exposure of 5 minutes increased by 5 minutes on every other treatment.
5. Treatments administered twice weekly with a minimum of 48 hours between treatments.
6. Wrap around sunglasses (i.e., NOIR) to be worn for the first 24 hours after ingestion of psoralen in the presence of any light.
7. Broad spectrum sunscreen applied to areas of Vitiligo for the first 36 hours after treatment whenever outside.

(NOTE: Oral PUVA therapy is usually indicated for greater than 20% surface involvement with Vitiligo.)

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