Methotrexate for treatment of vitiligo

Dear Editor,

Vitiligo, a common skin disease characterized by the loss of normal melanocytes, has an estimated incidence of approximately 1% of the world’s population and is without sex or race predilection (Berti et al., 2011). Vitiligo continues to be a major dermatologic challenge, in spite of availability of a large therapeutic armamentarium (Garg, Chander, & Jain, 2011). Recently, Garza-Mayers and Kroshinsky (2017) reported a successful trial of methotrexate (MXT), in an up-titrating dose of 12.5–25 mg/week, in the treatment of vitiligo. The authors demonstrated three patients, one of which had rapidly progressive generalized vitiligo. Improvement was noted as early as 6 weeks (for rapidly progressive generalized vitiligo) to 14 months after failure of topical calcineurin inhibitors and phototherapy with no reported serious side effects. Intriguingly, one of the patients had been treated for psoriatic arthritis and other for rheumatoid arthritis concurrently with vitiligo, with symptomatic relieve of arthritis. Being an immunmodulator, MXT proved to be effective according to Garza-Mayers and Kroshinsky (2017).

COMMENT

New therapy is generally welcomed particularly if it halts the disease activity and improves the quality of life of the patients. However, vitiligo at many times may not act as one unit. Close follow-up of the patient as a whole and his lesions is mandatory to detect activity as early as possible. This early detection of activity and the subsequent change in the treatment policy may ultimately change the final outcome of treatment (Anbar, Abdel-Rahman, Hegazy, El-Khayyat, & Ragaie, 2017). Therefore, questions have raised. Could MXT-responders have a predictive genetic background for response, so as recently reported in psoriasis, another autoimmune disease treated with MXT? (West et al., 2017). What about the long term safety profile of the drug? MXT has been related to the risk of melanoma, albeit, clinically insignificant (Polesie, Gillstedt, Sonnergren, Osmanovic, & Paoli, 2017). This risk may raise and subsequently should be considered in those who had prolonged courses of phototherapy prior to or concomitant with commencing MXT. The use of MXT in treatment of therapeutically challenging vitiligo is promising. However, it warrants further studies to provide a predictive criteria of response, typify the proper candidates regardless of the duration, clinical variant of the disease, and response to prior therapy. Also, importantly, the precise mechanism of action of the drug, the mean dose of action and whether a maintenance dose is required or not.

CONFLICT OF INTEREST

None

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REFERENCES

Anbar, T., Abdel-Rahman, A., Hegazy, R., El-Khayyat, M., & Ragaie, M. (2017). Simultaneous improvement and worsening of vitiligo lesions during the course of NB-UVB phototherapy; vitiligo may not act as one unit. Dermatologic Therapy, Jan;30(1).


