Table 14: In patients with vitiligo what is the efficacy of a skin graft and of various forms of placebo in terms of condition progression area reduction and quality of life score. This may include punch grafts full thickness skin graft, split thickness skin graft, autologous epidermal cell suspension, autologous skin equivalent commercial skin equivalent? AD Ormerod

Bibliographic citation	Study type	Ev lev	Number of patients	Patient charact.	Intervention	Comparison	Length of follow up	Outcome measures	Effect size	Source of funding	Additional comments
Njoo et al 1998	Sys rev	2++	63 studies 39 included but not RCT		1.Split thickness graft 2.Minigraft 3.Epidermal blisters 4.Cultured melanocytes 5.Noncultured cell suspension			Success > 75% repigmentation Weighted average	1. 87%(82-91) 3. 87%(83-90)		Minigraft easiest fastest and highest adverse effects Poor colour match < 10% 2. cobblestone in 27% 1. milia 13% Partial take 11% Thick margins 5%
Barman 2004	RCT	1+	50	Stable vitiligo segmental, actofacial or vulgaris	1Punch graft and PUVa vs 2 Punch graft and fluocinolone acetonide 0.1%		6month	Mean spread of repigmentation	1. 6.38 2. 6.94 N.S.		1. cobblestone 6/17 depigmentation of graft 4/17, irreg pigment 1/17 2. polka dot 5/17 cobblestone 4/17 6/17 irregular pigment
Ozdemir 2002	RCT	1+	20	Generalised 1yr	1. suction only,2. suction blister graft,3 suction and SSG 4 area thin SSG		3months	Repigmentation rate	1 25%, 2 45% 3. 65% 4 90%		Donor site repigmentation rate 63% with blisters 55% with SSG
Khandpur 2005	RCT	1+	64	I yr resistant to treatment Stable vitiligo	1minipunch graft	2SSG	3 months	>75% repigmentation	1. 44.1 % vs 2 83.3% p<0.001		1.Graft failure 13% cobblestone 38% variegation 20% 2. achromic fissure 13% graft contracture 5% rejection 7% irreg pigment 6% milia 13% depigmentation 6%

Pandya 2005	Case series	3	27	Stable vitiligo 25 vulgaris 2 segmental	1Dermabrasion and application of cultured melanocytes	2Dermabrasion and autologous melanocyte rich non cultured suspension	Up to 6 months	Excellent response > 90% repigmrnt	1 50% 2. 52%		Absence of scarring, milia. More good responses >65% repigmentation in non cultured grafts 70% vs 50% culture but only 4 subjects nin
Pianigiani 2005	Case series	3	93	Refractory pts -Focal segmental and generalised vitiligo	Laser abrasion followed by grafting of cultured epidermal cells and NBUVB course		18 months	repigmentation	Complete in 60% partial (>50%) in 30%		Hypertrophic scars 2 cases No relapse at 18 months
Czajkowski 2004	RCT	1-	20	Refractory stable patients Distal limbs right v left	Within pt 1Cultured melanocyte transplant to suction blisters plus PUVA versus 2only pUVA	Within patient 3suction blister transplant +PUVA 4Cryotherapy PUVA		Successful treatment 100% repigmentation	1. 60% 4 failed for technical reasons 2.0% 3 97.4% 4 0%		Not blinded, plausibility of recorded results questionable
Van Geel 2004	RCT	1++	28	19 stable and 9 less stable	1. Autologous cell suspension to laser debrided area and NBUVB or PUVA	2. Placebo to laser debrided area and UVB or NBPUVA	12months	>70% repigmentation by image analysis	1. 55, 57 and 77% at 3, 6 and 12 months 2 0% for all. P<0.002		Disease stability predicts outcome can be preoperatively predicted (new lesions last year or extension or koebner phenomenon
Gupta 2003	Case series	3	117 followed up / 143	Retrospective 7 years selected patients excl keloid etc	Suction blister transplant Plus PUVA topical or systemic			Successful repigmentation	64% (CI 55-73%) generalised 53% (42-64) segmental /focal 91% (48-68)		Better results in under 20 years age Hyperpigmentaion in 32% (17% in published literature)
Guerra L	Case series	3	21	Stable unresponsive	Yag laser and epidermal			>90% repigmentation	18/21 (85.7%)		Absence of scarring and ability to treat large area

					culture						
Kim 1999	Case series	3	40 26 stable 14 progressive	Stable and progressive	Suction blister grafting		Up to 2.5 years	Complete repigmentation	73% of stable and 71% of prgressive		