

SUMMARY OF THE TREATMENT PROTOCOL FOR PHOTOTHERAPY

UVB	PUVA		
PSORIASIS	PSORIASIS	VITILIGO	MF
MED	MPD	MPD	MPD
<ul style="list-style-type: none"> •Initial 70% of MED. •3-4 / w. •↑ each visit •At the start we can give ↑ up to 40%. •No erythema ↑ 20% (if starting MED < 100 mJ/cm² ⇒ ↑ ≥ 10 mJ/cm²). •Once 60-70% improvement ⇒ ↑ 5-10%. •≥ 80% ⇒ last dose •≥ 90% same, ⇒ frequency 2/w/m, ⇒ stop. 	<ul style="list-style-type: none"> •Initial 70% of MPD. •2-3 / w. •↑ 0.5-1 J/cm² / w. •Erythema ⇒ no ↑. •90% ⇒ last dose, 4 ttt / w ⇒ 4 ttt / 2w ⇒ 4 ttt / 3w ⇒ 4 ttt / m ⇒ stop. •Erythema ⇒ ↓ 25%. 	<ul style="list-style-type: none"> •2 / w. •↑ / w 0.5-1 J/cm² until perifollicular repigmentation or phototoxicity response is observed. •Gradual ↑ till light pink color is induced. 	<ul style="list-style-type: none"> •Initial 70% of MED. •3-4 / w. •↑ each visit •At the start we can give ↑ up to 40%. •No erythema ↑ 20% (if starting MED < 100 mJ/cm² ⇒ ↑ ≥ 10 mJ/cm²). •Once 60-70% improvement ⇒ ↑ 5-10%. •≥ 80% ⇒ last dose •≥ 90% same, ⇒ frequency 2/w/m, ⇒ stop.
<ul style="list-style-type: none"> •Cancel 1-2 ⇒ previous dose 3 ⇒ dose prior to last ≥ 4 ⇒ repeat phototest 	<ul style="list-style-type: none"> •Cancel 1-2 ⇒ previous dose 3 ⇒ dose prior to last ≥ 4 ⇒ 40% last dose ≥ m ⇒ repeat phototest 	<ul style="list-style-type: none"> •Cancel 1-2 ⇒ previous dose 3 ⇒ dose prior to last ≥ 4 ⇒ 40% last dose ≥ m ⇒ restart from the beginning 	<ul style="list-style-type: none"> •Cancel 1-2 ⇒ previous dose 3 ⇒ dose prior to last ≥ 4 ⇒ repeat phototest
<ul style="list-style-type: none"> •It is advisable to limit the use of topical steroids + encourage frequent use of emollient before ttt by applying a very thin layer of emollient. 	<ul style="list-style-type: none"> •It is advisable to limit the use of topical steroids + encourage frequent use of emollient before ttt by applying a very thin layer of emollient. 	<ul style="list-style-type: none"> •If face &/or hands are affected, appropriate broad- spectrum sun screen or cotton gloves should be used to all exposed skin during day time to prevent photodamage. 	<ul style="list-style-type: none"> •N.B.: MF patient are more photosensitive than are psoriasis patient of the same skin type ⇒ initial aggravation of the condition usually manifest as accentuated erythema & even blistering in lesional skin may be encountered. Caution should be exercised with dose increment in such situation.
<ul style="list-style-type: none"> •Adverse Effects: a)Mild erythema: previous ttt. b)Moderate erythema: Previous ttt next ttt ⇒ ↑ 10% after that. c)Severe erythema: repeat phototest. d)Itch ⇒ emollient + antihistamine. e)Facial erythema ⇒ sunscreen. 	<ul style="list-style-type: none"> •Adverse Effects: a)Mild erythema: privies ttt. b)Moderate erythema: Previous ttt next ttt. c)Severe erythema: No ttt, ⇒ additional suitable therapeutic measures. d)Itch: No ttt ⇒ emollient. e)Facial erythema ⇒ sunscreen. 	<ul style="list-style-type: none"> •Adverse Effects: a)Mild erythema: privies ttt. b)Moderate erythema: Previous ttt next ttt. c)Severe erythema: No ttt, ⇒ additional suitable therapeutic measures. 	<ul style="list-style-type: none"> •Adverse Effects: a)Mild erythema: privies ttt. b)Moderate erythema: Previous ttt next ttt ⇒ ↑ 10% after that. c)Severe erythema: repeat phototest. d)Itch ⇒ emollient + antihistamine. e)Facial erythema ⇒ sunscreen.