

# Narrow Band UVB treatment for vitiligo treatment

**1.Initial dose:**The recommended starting dose for patients with vitiligo is 200 mJ / cm<sup>2</sup>.

The dose of radiation in the rapid progression period should start from 100 mJ / cm<sup>2</sup>.

**2.Frequency:**The treatment frequency is recommended to be 2 to 3 times a week. The compliance of patients with treatment twice a week is better, and the effect of treatment 3 times a week is faster.

## 3.Adjust treatment dose:

Adjust the dose according to the treatment response:

If there is no erythema or erythema duration <24 h after the same dose of continuous treatment for 4 times	increased by 10% to 20%
Erythema lasts 24 to 72 h	maintaining the last dose
If it lasts more than 72 hours or blisters appear	the treatment should be postponed until the symptoms disappear, and the next treatment dose will be reduced by 20% to 50%.
After continuous irradiation of narrow-band UVB for more than 20 to 30 times, continuous irradiation without pigment recovery	stop treatment and rest for 3 to 6 months.
As long as there is continuous recoloration	UV treatment can usually continue, maintenance UV treatment is not recommended.

## Narrow Band UVB treatment for psoriasis treatment

### 1. Initial dose and dose adjustment:

Table 1 According to Fitzpatrick- Pathak skin classification, determine the dose of narrow-band UVB irradiation for psoriasis (mJ/cm<sup>2</sup>)

Skin	Sunburn	Suntan	Initial dose	Each increase in dose	Maximum dose
I	Extremely easy to happen	Never happens	130	15	2000
II	Easy to happen	Slightly tanned	220	25	2000
III	Sometimes happens	Some tanning	260	40	3000
IV	Rarely happens	Moderate tanning	330	45	3000
V	Rare occurrence	Dark brown	350	60	5000
VI	Never happens	Dark	400	65	5000

### 2. Frequency:

The recommended treatment starting frequency is 3 times a week, and the interval between 2 treatments is greater than 24 h.

## 308nm excimer lamp for vitiligo treatment

### 1.Initial dose:

- ① For complete bleaching spots, the initial dose of face, neck, and trunk is 100 mJ / cm<sup>2</sup>, limbs are 150 mJ / cm<sup>2</sup>, and hands and feet are 200 mJ / cm<sup>2</sup>;
- ② For partially depigmented spots, the initial dose of face, neck, and trunk is 150 mJ / cm<sup>2</sup>, limbs are 200 mJ / cm<sup>2</sup>, and hands and feet are 250 mJ / cm<sup>2</sup>.

**2.Frequency:** The treatment frequency is recommended to be 2 to 3 times a week. The compliance of patients with treatment twice a week is better, and the effect of treatment 3 times a week is faster.

### 3.Adjust treatment dose:

Adjust the dose according to the treatment response:

No erythema or mild erythema lasted less than 24 h after the last treatment	increased by 50 mJ / cm <sup>2</sup>
Mild to moderate erythema lasted 24 - 48 h	maintaining the previous dose
48 to 60 hours still see obvious erythema	dose was reduced by 50 mJ / cm <sup>2</sup> ;
Erythema or blisters continued to 60 -72 hours	treatment was postponed until the symptoms resolved, and the next dose was reduced by 100 mJ / cm <sup>2</sup>
As long as there is continuous repigmentation	UV treatment can usually continue, maintenance UV treatment is not recommended.
After continuous irradiation of narrow-band UVB for more than 20 to 30 times, continuous irradiation without pigment recovery	stop treatment and rest for 3 to 6 months.

The effect of correct home ultraviolet treatment is equivalent to that of outpatient treatment, and it is an effective supplement to hospital treatment. Therefore, a reasonable and standardized choice of home ultraviolet treatment is helpful for patients to complete the treatment.

Patients need to report by telephone regularly to complete the follow-up, and should be revisited face to face every 1 to 3 months.

### 3. Skin care after treatment

If there is mild dry itching after phototherapy treatment, apply moisturizer or hydrating mask to relieve it. Pay attention to sun protection on the affected area when going out during the day.

## 308nm excimer lamp for psoriasis treatment

### 1. Initial dose:

	Skin Type	Skin Type
Psoriasis Degree	I-III	IV-V
Mild Psoriasis	300mj/cm <sup>2</sup>	400mj/cm <sup>2</sup>
Moderate Psoriasis	500mj/cm <sup>2</sup>	600mj/cm <sup>2</sup>
Sever Psoriasis	700mj/cm <sup>2</sup>	900mj/cm <sup>2</sup>

### 2. Frequency:

The recommended treatment starting frequency is 3 times a week, and the interval between 2 treatments is greater than 24 h.

### 3. Adjust treatment dose:

Adjust the dose according to the treatment response:

	treatment response	Dose adjustment
No reaction	No erythema, no tenderness, no improvement in skin lesions within 24-72 hours	Increase 25%
Mild reaction	Mild erythema, slight tenderness, no significant improvement in skin lesions after 24-72 hours	Increase 25%
Moderate - good reaction	Moderate erythema, moderate tenderness after 24-72 hours	Maintain the original dose
Severe reaction	Prominent erythema and/or tenderness	Decrease 15%
Severe reaction	Prominent erythema and/or tenderness with blisters	25% lower, avoid blisters