Treatment of vitiligo with topical 15% lactic acid solution in combination with ultra violet-A

To the Editor

I read with interest the brief communication of Drs. Sharquie and Abdulla. It is known that lactic acid is a peeling agent, used to treat dyspigmentation, and its main effect lies in the decreased cohesiveness of epidermal cells leading to the peeling effect. I wonder how it can be used to induce pigmentation. I agree it causes inflammation but not to the extent of stimulating the melanocytes to proliferate as mentioned in the article with no reference given! Also, it is not possible to compare it with psoralen, which has a photosensitizing effect. Lactic acid and glycolic acid do not have an antioxidant effect, but gluconic acid, malic acid, tartaric acid, citric acid, and ascorbic acid do have an antioxidant effect. The sentence "hydroxy acids in low concentration can induce inflammation" is not fully correct, as more concentrated these compounds are the more they cause inflammation. Another point is why no photographs were included in this communication at least for one patient with before and after effect? I think this communication should be reevaluated so it will not mislead the readers who depend on this journal as a reference. Well, I hope my points are valuable, and I look forward reading author's response.

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Reply from the Author

Many thanks to Dr. Bukhari for her interest in this paper and for sharing her feelings and opinions. First, I would like to assure her that 15% lactic acid solution had been prescribed for hundreds of patients with vitiligo for the last 7 years, and proved its effectiveness. Also, 2 studies had been published confirming this observation. Topical 15% lactic acid works in a similar way to topical psoralen, and 5% iodine tincture in inducing pigmentation. But, how does induce this pigmentation, is a matter of speculation as mentioned in this brief communication. Secondly, all acids including alpha hydroxy acids are irritant to the skin, and cause inflammation in low concentrations while causing peeling in a high concentration. Unfortunately, Dr. Bukhari is unaware of this fact. Thirdly, alpha hydroxy acids are antioxidants as supported by a reference mentioned in the brief communication; this in contrary to Dr. Bukhari comment without any reference. The fourth point regarding photographs in the paper for patients before and after therapy, I would like to point out to Dr. Bukhari that this paper is a short communications, which allows only one table or figure to be published. Also, expert reviewers evaluated this paper before final acceptance and they did not recommend to include photographs of patients. The other thing, publishing papers with photographs before and after therapy is not essential in many well standard international journals. Finally, I encourage Dr. Bukhari to continue her research and reading of publications and papers.

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References