

- devoid of hydroquinone. These did not necessitate cessation of therapy. Vitiligo was seen in 2.2% of cases and tolerance in 2.9% which necessitated stopping DPC. Erythema multiforme and contact urticaria were not seen.
- In our study, relapse during a mean follow-up period of 18 months occurred in 24% of cases collectively (11/46). These results are similar to previous reports by van der Steen *et al.*¹⁵ where relapse and resistance to therapy occurred in 28% of cases after a mean follow-up of 19 months; Sotiriadis *et al.*¹⁰ who had a sustained response in 66.6% of his patients during a 12 month follow-up period; and by Hull²⁴ in a 6 month post-treatment follow-up study of responders where 68% of cases maintained a cosmetically acceptable response and only 10% lost all their hair. Our results are not consistent with Wiseman *et al.*²³ who had a high relapse rate of 62.6% after 37 months of follow-up, Cotellessa *et al.*²¹ with a relapse rate of 40% after a mean follow-up period of 12 months and Agbaet²⁶ with a relapse rate of 50.9% after 6–12 month follow-up.
- In our study, a significant effect of maintenance therapy in reducing relapse during the follow-up period was found ($P = 0.025$). On reviewing literature, the effect of maintenance therapy during the follow-up period was not investigated by authors other than Wiseman *et al.*,²³ where the risk of relapse was not significantly related to ongoing maintenance DPC therapy ($P = 0.48$) and Agbaet²⁶ also found no relation between maintenance therapy and the risk of relapse. Further studies are needed to confirm the value of maintenance therapy with DPC in responders.
- ### Conclusion
- Diphencyprone is an effective and safe treatment of extensive AA. A long period of therapy is needed and will increase the percentage of responders especially in alopecia totalis and universalis. Maintenance therapy is recommended to reduce the risk of relapse.
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