DAWES FRETZIN DERMATOLOGY

Narrowband UVB phototherapy

What is narrowband UVB phototherapy?

Narrowband UVB is the most common form of phototherapy used to treat skin diseases. "Narrowband" refers to a specific wavelength of ultraviolet (UV) radiation, 311 to 312 nm.

The narrowband range of UV radiation has proved to be the most beneficial component of natural sunlight for psoriasis. Narrowband UVB may also be used in the treatment of many other skin conditions including atopic eczema, vitiligo, pruritus, lichen planus, polymorphous light eruption, early cutaneous T-cell lymphoma and dermatographism.

What are the side effects and risks of narrowband UVB?

Narrow-band UVB can result in burning, just like sunlight and broadband UVB.
Frequent emollients should be applied to burned skin, and if recommended by the therapist, topical steroids. It sometimes provokes polymorphous light eruption.

Long-term exposure to ultraviolet radiation ultimately causes skin ageing and skin cancers. In theory, less UV exposure occurs because the patient is only exposed to therapeutic wavelengths. Although the risk from narrow-band UVB is unknown, research to date suggests it is no more risky than broadband UVB and probably less risky than photochemotherapy (PUVA).

Patient Instructions

1. Apply emollient 1 to 2 hours before UVB treatment to increase the effectiveness
2. Ok to keep undergarments on, unless these areas are involved with skin condition
3. Apply sunscreen over face and other sun-exposed skin not involved with skin condition
4. Wear protective goggles and close eyes for the duration of the treatment
5. Notify provider if significant burning, irritation or itching occurs

What is the result of narrowband UVB?

The skin may remain pale or turn slightly pink after each treatment. Let your provider know if you experience any discomfort.

Most skin conditions generally improve after 10 to 12 treatments. Most patients with psoriasis require 20 to 30 treatments to clear. Results vary however.