VITILIGO

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Vitiligo is a skin condition whose exact cause is unknown. In vitiligo, patches of skin lose their pigmentation when the pigment producing cells, the 'melanocytes' are attacked and destroyed. It may affect the skin, mucous membranes, eyes, inner ear or hairs leaving white patches. The usual type of vitiligo is called 'vitiligo vulgaris' (means: common vitiligo). Variant types include linear, segmental, trichrome and inflammatory vitiligo.

This disease affects an estimated 1% of the world's population. It affects individuals of all ethnic origins and both sexes, but is much more easily noticed on darker skin as areas that fail to tan. It is hereditary in one third of those affected. Vitiligo often starts on the hands, feet, or face, and frequently pigment loss is progressive. Half the patients first notice vitiligo before 20 years of age. It often appears in an area of minor injury or sunburn.

It is believed that vitiligo is an autoimmune disorder (autoimmune means the body's own immune system turns on itself). Certain white blood cells direct the destruction of melanocytes. People with vitiligo are also somewhat more prone to other autoimmune diseases, such as alopecia areata, autoimmune thyroid disorders, Addison's disease, pernicious anemia, and diabetes mellitus.

The diagnosis of vitiligo is usually straightforward, and no special testing is needed. While vitiligo is a cutaneous problem and does not affect health directly, it is disfiguring and may be psychologically traumatic. The condition cannot be cured at present, but treatments are available that may be very helpful. Medical treatments target the immune system and try to reverse the destruction. Surgical treatments are less commonly done and transplant healthy melanocytes from other areas. Both treatments may be difficult and prolonged.

The goal is to restore the skin's color by restoring healthy melanocytes to the skin (repigmentation) allowing the skin to regain its normal appearance. That means that new pigment cells must come from the base of hair follicles, from the edge of the lesion, or from the patch of vitiligo itself if depigmentation is not complete. Repigmentation occurs slowly as the cells creep back over months to years.

The only FDA approved prescription for vitiligo is topical ruxolitinib cream (Opzelura Cream). This is applied twice a day for up to 10% of body surface area. Other non-steroidal topical treatments like pimecrolimus cream and tacrolimus ointment can also be tried.

For extensive vitiligo, narrow band ultraviolet B (nbUVB) light is helpful. These light treatments are given 2 to 3 times a week and take several months to start seeing an effect. Small hand held units can be purchased online, but for larger involvement, a dermatologist can give whole body treatment in a light booth. Pigment loss for more than 5 years and the hand and feet areas usually respond poorly.

If a person doesn't respond to these above treatments, and the vitiligo has not changed in the last year one may consider surgical treatment of vitiligo. Avoid surgical treatment if one scars abnormally or sometimes have lost pigment after a small cut or scrape. All surgical therapies must be viewed as experimental because their effectiveness and side effects remain to be fully defined.

Autologous skin grafts take normal, pigmented skin from one area of a patient's body (donor sites) and attach it to an area of vitiligo. This type of skin grafting is sometimes used for patients with small, stable patches of vitiligo (recipient sites). Skin grafts work, but the site from which the skin is taken (the thigh or buttocks are often used) is often left with scarring. The treated area responds almost 90% of the time, but may develop a cobblestone appearance, or a spotty pigmentation, or may fail to re-pigment at all.

This information has been provided to you compliments of the American Osteopathic College of Dermatology and your physician.
Lasers are also being used in the treatment of vitiligo, specifically the Excimer laser. They emit narrow band ultraviolet B light and have been shown to promote re-pigmentation. Treatment is undertaken in a series of laser sessions. Occasional touch-up booster sessions may be required.

Camouflage makeups, like Covermark, Dermablend, and Zanderm are special cosmetics that can be used to match most skin hues when medical treatment is not helpful.

Sunless tanning preparations may be used to darken vitiligo areas to a more acceptable color. These will cover small areas of vitiligo well. Micropigmentation (tattooing) is rarely recommended. It works best for the lip area, particularly in people with dark skin; however, it is difficult to perfectly match the skin, and tends to look worse over time. For loss of pigment over more than half of the exposed areas of the body, depigmentation therapy can be considered. This is the permanent (or nearly permanent) bleaching out of all pigmentation. The remaining skin will be an even white color, which can then be covered with cosmetics.

Sun-induced darkening of the surrounding normal skin makes vitiligo look worse. All patients with vitiligo should always protect their depigmented skin against excessive sun exposure by wearing protective clothing, applying a UVA/UVB sunscreen daily, and avoid prolonged sun exposure.