



Advanced Dermatology

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VITILIGO

Clinical Features

Vitiligo is an acquired, pigmentary anomaly of the skin manifested by depigmented white patches surrounded by a normal or a hyperpigmented border. The hairs in the vitiliginous areas usually become white also. The patches are of various sizes and may have various configurations. The most commonly affected sites are the face, upper part of the chest, dorsal aspects of the hands, axillae, groin, eyes, nose, mouth, ears, nipples, umbilicus, penis, vulva, anus, elbows and knees.

The white patches are hypersensitive to ultraviolet light and burn readily when exposed to the sun. It is not unusual to note the onset of vitiligo after a severe sunburn. Lesions tend to develop in trauma-prone areas.

Vitiligo affects all races, and both sexes seem equally vulnerable to the disease. Approximately 50% of patients develop some form of the disease before the age of ten, but Vitiligo may have its onset any time from infancy to senescence (old age).

Treatment

Spontaneous repigmentation occurs in no more than 15% to 25% of cases. Repigmentation by PUVA therapy has been reported to occur in 50% to 70% of cases. It requires long-term commitment to therapy, but when repigmentation occurs, it tends to persist and spread. Repigmentation may begin after 15 to 25 treatments, however significant improvement may take as many as 100 to 300 treatments.

Systemic prednisone is helpful, in addition to the PUVA therapy. Localized Vitiligo can be treated successfully with intradermal injections of Triamcinolone Acetonide. Topical medications, such as Protopic Ointment or high potency steroids, used for several months, may also be helpful.