



Vitiligo

What is Vitiligo? Vitiligo is skin condition involving loss of normal skin pigment resulting in white patches on the skin. Any part of the body can be affected with most common areas being face, hands, arms, legs and genital areas. Vitiligo affects 1-2% of people and is equally found amongst men and women. Onset often occurs before the age of 20 and about one-fifth have a family member who also is affected.

What causes Vitiligo? Vitiligo is thought to be an autoimmune condition in which the body's immune system is working against its own pigment producing cells (melanocytes). These cells then stop producing their melanin pigment resulting in white patches. Individuals with vitiligo often are in good health although the condition may be associated with other autoimmune medical conditions such as thyroid disease.

The white patches of vitiligo rarely return on their own. One may experience periods of rapid loss of pigment followed by periods of no additional loss. It is unclear what causes these periods of pigment loss and this can occur lifelong. There is no way to predict the pattern of loss or how much pigment an individual will lose. Although no cure is available, treatment may help the skin repigment.

How is Vitiligo treated? Vitiligo in individuals with very fair skin may be barely noticeable. Treatment therefore may not be necessary. However, since the affected skin lacks the sun protection of skin pigment, external sun protection of these areas is necessary to prevent sun burn and skin cancer.

Many people as well may choose to cover the vitiligo patches with make-up or self tanners. Medical waterproof make-up, such as Dermablend or Covermark, is available to completely cover the white patches and can be matched to the surrounding skin.

The goal of vitiligo treatment is to achieve the return of pigment (re-pigmentation) as well as stop further extension of the loss of pigment. Topical treatments are creams and ointments which are applied to the white patches. These may include topical corticosteroids or medications such as topical tacrolimus or pimecrolimus.

For more widespread, large areas of involvement, your doctor may suggest phototherapy which involves an individual coming into the office regularly for exposure of the skin in a special light booth. There are two main forms of phototherapy: PUVA and narrow band UVB. PUVA involves use of a medication known as psoralen which is taken prior to treatment. This is followed by exposure to light bulbs producing UVA light. Narrow band UVB requires no pre-medication. Both types of phototherapy require several months to a year of treatments usually 2-3 times weekly and are associated with an increase risk of sun burn and skin cancers and thus should be carefully discussed with your provider.

Lastly, skin grafting of normal, uninvolved skin to a white patch may also be used in certain circumstances. This does not generally result in total return of pigment in the treatment area. Excimer laser treatments may also be useful in a small group of patients.