

## **Poikiloderma of Civatte**

### **What is poikiloderma of civatte?**

Poikiloderma of civatte was first described in 1923 and refers to redness and mottled pigment on the sides of the neck. The area under the chin is usually unaffected. This condition is more commonly seen in women and in areas of high UV exposure.

### **What causes poikiloderma of civatte?**

The cause of poikiloderma of civatte is unknown. However fair skin, sun exposure, hormonal factors and some components of cosmetics and toiletries (photosensitising components) are all thought to play a part in the development of the condition.

### **What does poikiloderma of civatte look like?**

Skin thinning (atrophy), redness from enlarged blood vessels (erythema) and colour (pigmentary) changes are seen in sun-exposed skin. Poikiloderma of civatte most commonly affects the sides of the neck whilst the area under the neck remains characteristically unaffected. Poikiloderma of civatte may also affect other areas on the face.

### **What other problems can occur with poikiloderma of civatte?**

There are no known medical problems associated with the condition. Similar changes on the neck may be seen in genetic skin conditions such as Rothmund-Thomson syndrome, Bloom syndrome and connective tissue diseases (such as dermatomyositis, lupus erythematosus and mycosis fungoides). Similar changes may also be seen in skin that has been treated previously with radiotherapy.

### **How is poikiloderma of civatte diagnosed?**

The diagnosis is usually made by looking at and assessing the skin. No formal tests are required. In some cases a skin biopsy and/or blood tests are needed to exclude other conditions which have a similar appearance.

### **How is poikiloderma of civatte treated?**

Treating poikiloderma of civatte can be difficult. Your dermatologist will frequently combine some of the techniques below to achieve the best possible outcome.

#### **General measures**

Broad-spectrum sunscreens (with SPF 30+ or greater) covering both the UVA and UVB spectrum should be applied regularly.

Where practical, scarves or other clothing should be worn to cover the neck.

The use of perfumes and cosmetics should be limited.

#### **Creams**

Lightening creams may be used to treat the brown (pigmented) areas of the skin.

Bleaching creams such as hydroquinone (2-6%) can be used as a stand-alone treatment or in combination with vitamin A based creams such as tretinoin. The use of alpha-hydroxy acids can reduce brown pigmentation.

### **Combination creams and lasers**

Creams and lasers are often used in combination to treat this condition. The aim initially is to treat and fade the brown areas (pigmentation) of poikiloderma of civatte. Once this has been achieved, lasers can be more effective in targeting the red areas.

### **Laser and light therapies**

Laser and light therapies provide the most promising method of treating poikiloderma of civatte.

**Pulse dye laser (595nm):** Most people will require 3 to 6 treatments for the best outcome. Each treatment may produce temporary light bruising. Skin may initially turn pale and sometimes a “checkerboard” or spotty appearance may be seen. However these symptoms will resolve once treatment is completed.

**Intense pulse light (IPL)** or broad band light treatment targets both blood vessels and melanin (pigment), treating both redness and brown discolouration. Treatments are spaced 4 to 6 weeks apart. Noticeable “footprinting” can be expected with IPL however with multiple sessions this appearance can be improved.

**Fractional non ablative lasers (1927 nm):** These lasers target several components of poikiloderma of civatte and 2 to 4 treatments are required for the best possible outcome.

### **What is the prognosis/likely outcome of poikiloderma of civatte?**

If left untreated, poikiloderma of civatte may improve marginally with the use of sun protection (photoprotection). With diligent sun avoidance and active sun protection, the brown areas may fade, however the red areas will be unchanged. Following treatment, the skin will need to be protected diligently from any sun exposure to decrease the risk of poikiloderma of civatte recurring. Maintenance laser treatments may be used intermittently if the condition recurs.