Vitiligo

What is vitiligo?

Vitiligo is a relatively common condition in which the skin is unable to produce pigment. Pigment forming cells (melanocytes) are destroyed and the skin becomes white. All ethnic groups and approximately 1-2% of all people are affected by vitiligo.

What causes vitiligo?

The cause of vitiligo is unknown. It is most likely an autoimmune condition where the body's immune system attacks its own tissues. In vitiligo pigment forming cells are targeted.
A family history is present in 10% of cases. In individuals who are predisposed to developing vitiligo, injury to the skin, emotional factors and stress may aggravate the condition.

What does vitiligo look like?

Vitiligo appears as white areas with sharp edges on the skin usually without any preceding inflammation occurring in the affected skin.
Vitiligo can develop in areas of skin injury such as a cut or burn (including sunburn or an abrasion). The condition may be seen under the arms, in the groin, or between the buttocks where one skin surface rubs against another.
White hairs can occur in the scalp, eyelashes, eyebrows and beard.
Eye involvement can also occur.

White areas of skin commonly start to appear in a person's twenties and thirties but for some people these may first appear in childhood or later in adult life. The condition can get worse over time but the rate at which this happens varies from person to person.
Psychologically vitiligo can be devastating. The cosmetic disfigurement may cause major emotional trauma and, in certain cultures, people affected by vitiligo may be kept out of normal community activities.

What other problems can occur with vitiligo?

People affected with vitiligo may also develop other autoimmune diseases. Abnormalities in thyroid function are the most common --– the thyroid may be either overactive (Graves' disease) or underactive (Hashimoto's thyroiditis). Other autoimmune diseases associated with vitiligo include diabetes mellitus and pernicious anaemia.

How is vitiligo diagnosed?

The diagnosis of vitiligo is based on clinical examination.
Blood investigations are performed to exclude the presence of thyroid disease, diabetes and pernicious anaemia.

How is vitiligo treated?

The treatment of vitiligo is frequently prolonged and progress can be slow. Complete re-pigmentation is not always achieved.
Psychological support plays an integral part in the treatment of people with vitiligo and some people may benefit from counselling.

Fair skinned individuals may decide not to be treated at all as the contrast between the white areas and the natural skin colour may not be obvious.

Specific treatments include:

Cosmetic camouflage of the white area.

.

Applying treatments that **reduce the inflammation** or **destroy the pigment cells** and/or **encourage neighbouring cells to produce more pigment**.

These include:
Topical cortisone creams or ointments
Light therapy with narrow band UVB phototherapy
Applying photosensitising psoralen drugs made up as creams to the white areas followed by careful sunlight exposure or UVA phototherapy
Tacrolimus
Pimecrolimus
Calcipotriol.

.

Active repigmentation

Active repigmentation involves the transfer of a person's own pigment forming cells (melanocytes) from pigmented skin into areas of skin affected by vitiligo. Surgical treatments work best in small areas of pigment in people whose vitiligo is stable and not getting worse.

Depigmentation

In some people with widespread vitiligo,treatment with monobenzyl ether of hydroquinone is cosmetically more desirable as remaining pigment cells are destroyed and a more even appearance is created.