















# VITILIGO

## **VITILIGO**

- · Vitiligo is an acquired, chronic skin disorder.
- It is characterized by well-defined white patches of skin resulting from the loss of melanocytes, the cells responsible for producing melanin.
- It affects 0.5-2% of the global population, with no preference for age, sex or ethnicity.
- Imagine a blackboard with white chalk drawings.
- Over time, certain areas of the blackboard are erased, leaving clear, white patches where the chalk has been removed.
- Similarly, in vitiligo, the chalk (melanin) that gives colour to the skin is lost in certain areas, leaving white patches behind.
- The surrounding blackboard (normal skin) remains unchanged, creating a stark contrast.

### **Pathophysiology**

- Autoimmune mechanism where the immune system mistakenly attacks and destroys melanocytes in the skin.
- Higher incidence in individuals with a family history of vitiligo or other autoimmune diseases.
- Trauma, sunburn, stress or exposure to certain chemicals may precipitate the onset or exacerbate the condition.

### **Clinical Features**

- Depigmented, well-demarcated macules and patches, chalky white or milky white in colour
- · Common sites include the face, hands, feet and genitalia.
- Shows Koebner Phenomenon (new lesions appear at sites of skin trauma).
- Non-Segmental Vitiligo: The most common type, characterized by symmetrical patches on both sides of the body.
- Segmental Vitiligo: Depigmented patches that occur in a segmental distribution, typically confined to one side of the body and often appearing in childhood.



## VITILIGO

## **Types**

• Non-Segmental Vitiligo

The most common type, characterized by bilateral and symmetrical white patches.

Typically progressive course, with new patches appearing over time

Subtype

Generalized Vitiligo: Widespread and scattered patches over many parts of the body Acrofacial Vitiligo: Affects the distal extremities (fingers, toes) and facial features (around eyes, mouth)

Mucosal Vitiligo: Affects mucous membranes, such as the lips and genitals Universal Vitiligo: Extensive depigmentation involving more than 80% of the body surface area.

Focal Vitiligo: Limited to a few scattered patches in a specific area

Segmental Vitiligo

Depigmented patches confined to one segment or side of the body.
Patches appear on one side of the body having unilateral distribution
Spreads quickly within the affected segment but often stabilizes after 1-2 years
Usually appears at a younger age than non-segmental vitiligo.

Less commonly associated with autoimmune diseases

Mixed Vitiligo

Features of both non-segmental and segmental vitiligo Segmental patches on one part of the body with additional non-segmental patches elsewhere

• Inflammatory Vitiligo

Depigmented patches surrounded by a raised, reddish, inflammatory border Often itchy and may have active inflammation at the margins of the patches

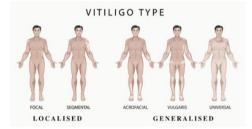
Type	Description	Characteristics	Example
Non-Segmental <u>Vitiligo</u>	Bilateral, symmetrical patches; various subtypes	Generalized, <u>acrofacial</u> , mucosal, universal, focal	Non-segmental vitiligo is like random patches of grass turning white all over the garden
Segmental <u>Vitiligo</u>	Unilateral patches, often dermatomal	Early onset, rapid progression, less associated with autoimmune diseases	Segmental vitiligo is like a specific section of the garden where the grass has turned white
Mixed Vitiligo	Features of both NSV and SV	Segmental and non- segmental patches	Mixed vitiligo is like having one specific section with white grass and other random patches elsewhere
Inflammatory <u>Vitiligo</u>	Depigmented patches with inflammatory border	Raised, reddish border, often itchy	Inflammatory vitiligo is like having white patches surrounded by a flowers, indicating active changes in that part of the garden



## **VITILIGO**

## Diagnosis

- Clinical Examination based on the appearance and distribution of white patches.
- Wood's Lamp Examination enhances the contrast between vitiliginous and normal skin, helps to identify early lesions.
- Biopsy is not usually necessary but may show the absence of melanocytes and an inflammatory infiltrate at the edge of lesions.
- Screening for other autoimmune diseases like thyroid disorders, diabetes,



## Management

• Topical Treatments:

Corticosteroids reduce inflammation and can help repigment small areas Calcineurin Inhibitors (Tacrolimus) especially useful for face and intertriginous areas

Phototherapy:

Narrowband UVB effective for generalized vitiligo, promotes repigmentation. PUVA (Psoralen + UVA)

Surgical Treatments:

Skin Grafting for stable vitiligo, involves transplanting skin from unaffected areas.

- Monobenzone: For patients with widespread vitiligo who prefer uniform skin color; permanently depigments remaining pigmented skin.
- Sunscreens to protect depigmented skin from sunburn.



