



Medicine for Managers

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Vitiligo

Vitiligo is a chronic disorder affecting the pigment producing cells in the skin. Simply, the pigment cells of the skin are progressively lost with the result that the colour in the skin and hair gradually disappears leaving white patches (called leukoderma) which may be cosmetically disfiguring and a cause of considerable distress. It can occur anywhere on the body at any age, whatever the colour or ethnic origin of the affected person

Vitiligo is estimated to affect about 0.2 to 2% of the overall population and about 0.4% in the European white population. Both sexes are equally affected and the average age of onset is between about 20 and 25, though any age may be affected and there are peaks of onset at about ten years of age and also at about thirty years of age. About 95% of cases are present before the age of 40.

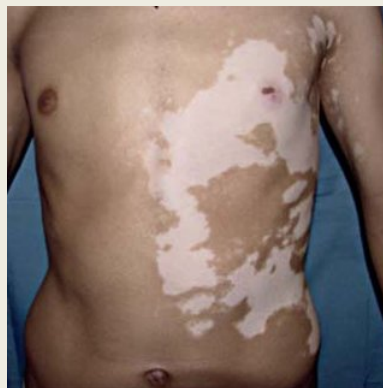
It is believed that about 30% of people have a family history and, of them, a number of genetic factors (about 75%) and non-genetic factors (about 25%) influence the development. One in three affected individuals have first or second degree relatives with the condition

The most common affected areas are:

- The eyes and nostrils
- Abdomen and the genital areas

- The knees and elbows
- Occasionally inside the mouth
- Sometimes vitiligo appears as greying of hair or loss of lip colour

Vitiligo is described by the number of patches present and whereabouts on the body they are. They are therefore:



Segmental vitiligo

• **Focal.** A few scattered patches in a single area

• **Segmental.** Generally occurring on one side of the body only without crossing the midline

• **Generalised.** Having many patches scattered over the whole body, often with the same distribution on each side. It is the most common form.

The **cause of vitiligo** is due to the destruction of the melanocytes (which are skin pigment



Generalised Vitiligo

producing cells). It is thought to be linked with autoimmune disease where the body's immune system mistakenly attacks its own cells rather than targeting

bacteria or viruses.

Interestingly, up to a quarter of vitiligo sufferers may have other auto-immune disorders such as thyroid disease, type 1 diabetes, Crohn's disease, ulcerative colitis and pernicious anaemia. The presence of autoimmune disease increases the risk of developing vitiligo.

Possible Vitiligo Trigger Factors

Investigation has suggested that several factors, apart from heredity, may be implicated in its onset.

- Sun damage
- Hormone changes, e.g. at puberty
- Liver and kidney disease
- Phenol-containing chemical agents such as deodorants, disinfectant, insecticide, paint, synthetic oil and other agents
- Stress (but aren't we all!)

Development of vitiligo is variable but usually starts with a single white patch which fades from the normal skin tone until white. Further patch development is unpredictable.

There may just be one or two patches, in other people they increase and expand slowly over time and in yet others the patches develop rapidly. In most cases, it is without symptoms although in a few cases the lesions may be itchy.

Diagnosis of vitiligo is usually straightforward based on appearance, The doctor may examine the areas affected using a Wood's lamp, which emits 'blacklight', invisible to the naked eye, because it is in the ultraviolet spectrum with a wavelength just shorter than the colour violet. It is useful to identify depigmented patches.

There is no known cure for vitiligo.

People affected by vitiligo may manage it in a variety of ways. For some people the appearance is upsetting and affects their quality of life. Sometimes affected children are bullied by their peers.

Many affected patients who cannot conceal their white patches with suitable clothing may elect to use cosmetic camouflage. There are various preparations using make-up, dyes and stains.

Care should be taken to have sun protection, by suitable clothing or sunscreen. Depigmented skin can burn on exposure to ultraviolet light, but it cannot tan and the result may be spread of the vitiligo.

Various treatments have been used to treat vitiligo and some may be helpful. Treatments include:

- Medical treatments such as topical steroids, tacrolimus, Vitamin D and Ruxolitinib cream.
- Phototherapy, which has been helpful in some cases
- Systemic treatments such as steroids and drugs such as methotrexate and ciclosporin (anti-cancer drugs)

- Other treatments which are used occasionally.

Other therapies are being researched.

The biggest problem with vitiligo is so often the psychosocial impact where the lesions are visible.

For some patients the appearance is grossly intrusive and dramatically influenced by the location of the depigmentation, the size of the patches and the natural skin colour.



Though not medically serious, it may be very distressing because of the obvious cosmetic changes.

Many affected people with visible patches say that for family and friends it is no more noticeable than red hair or green eyes, after the initial contact and accommodation.

Research into treatment continues apace and it is likely that new treatments promoting re-pigmentation will become available.

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