

# Vitiligo

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## Overview

Vitiligo is a skin condition where white patches appear on a person's skin as a result of loss of melanin (the pigment in our skin).

The skin cells, or melanocytes, that usually produce skin color are destroyed, so the skin becomes very white in that area of the skin. Since there is no color in affected patches of skin, Vitiligo is most noticeable in people with darker skin, though people of all races and ethnicities are affected. These patches can develop on any part of the body, including inside the mouth or in areas with hair.



## What are the Symptoms and Findings of Vitiligo?

- Loss of skin color resulting in white patches of skin
- Commonly affected areas include:
  - Face- around the eyes and mouth
  - Fingers and toes
  - Armpits
  - Elbows, knees, wrists, dorsal hands, ankles, and shin
  - Groin and genitals
- Patches of hair that become gray or white on the scalp, beard, eyebrows, or eyelashes at an earlier age than expected
- Can range and vary in size
- Usually asymptomatic but can at times be itchy
- Vitiligo may also result in psychological effects like depression or low self-esteem and can be socially isolating

## Risk Factors and Causes of Vitiligo

Vitiligo is caused by the lack of pigment, called melanin, in our skin. Melanin is the pigmentation that gives our skin, hair, and eyes their color. It is made by pigment producing cells in our skin called melanocytes. Vitiligo occurs when our melanocytes cease to function or are lost or destroyed.

Although the exact cause of vitiligo is unknown, genetics are thought to play a role.  
Genetics

Melanin is what gives our skin, loss or destruction of melanocytes, our pigment producing cells. When melanocytes are lost, destroyed, or stop producing melanin (the pigment in our skin) exact cause is unknown, though Vitiligo may be an autoimmune disorder. It usually affects people before the age of 20. People who have another autoimmune disease, such as lupus, type 1 diabetes, rheumatoid arthritis, or thyroid issues, are more likely to develop Vitiligo. It may be hereditary since a person is more likely to develop Vitiligo if a family member has it, but Vitiligo is not a contagious disease.

## How Is Vitiligo Diagnosed?

Dermatologists can typically diagnose vitiligo after examining the affected areas of the skin. Your dermatologist may use a Wood's lamp during the examination. A Wood's lamp is an ultraviolet light that is used to accentuate the white patches of the skin affected by vitiligo. In a dark room with the lights turned off, the Wood's lamp is held next to the skin to look for areas affected by vitiligo. Occasionally, a skin biopsy (a procedure that removes a small sample of the skin) can be done to confirm the diagnosis.

## Common Treatment Options for Vitiligo

Although there is currently no cure for vitiligo, different options do exist to help patients treat their condition.

Common treatment options for vitiligo include:

### **Camouflage**

Not all individuals who suffer from vitiligo opt for medical treatment. For many fair skinned patients, the affected areas may be subtle. These patients can avoid tanning, thereby making their vitiligo less noticeable. Some patients opt to use cosmetic options such as makeup and self tanners to cover the affected areas.

### **Topical Therapies**

Different topical medications have been used to treat vitiligo. Most commonly, this includes the use of a mid to strong topical corticosteroid. Non-steroidal medications such as tacrolimus and/or pimecrolimus are also used in combination or in place of topical steroids. More recently, researchers are investigating the use of a new class of medication called Janus kinase (JAK) inhibitors, which have shown promising results in the treatment of vitiligo.

## **Phototherapy**

Phototherapy involves the use of ultraviolet radiation to treat vitiligo. Different kinds of phototherapy options are available including targeted phototherapy, narrowband UVB (NBUVB) phototherapy, and less commonly psoralen plus ultraviolet A (PUVA) photochemotherapy. Phototherapy is often administered at a doctor's office, either with the use of a laser or a lightbox. In some cases, patients are able to obtain home NBUVB units. Phototherapy is a time intensive therapy; usually requiring 2-3 treatments per week for a period of months.

In certain circumstances, your dermatologist may explore alternative treatment options.

These include:

## **Systemic Therapies**

In certain circumstances, systemic medications may be considered for the treatment of vitiligo including oral steroids, minocycline, methotrexate, cyclosporin, and mycophenolate mofetil.

## **Surgery**

Transplantation procedures have been done whereby healthy melanocytes are removed from unaffected skin and transferred to areas affected by vitiligo.

## **Depigmentation Procedures**

This uncommon treatment option removes the remaining pigment from the skin. The pigment is removed from unaffected areas to match the patches of vitiligo.