



VITILIGO

Patients with vitiligo develop white spots on the skin in various locations.

Incidence: 1% of the population is affected. It can be inherited, and approximately 30% of affected patients have a family history of either vitiligo or another disorder of skin coloration.

Onset: Patients can commonly develop symptoms in childhood or adulthood. The most commonly involved sites include the top portion of the hands, the skin around the eyes, the mouth and the genital area. Other sites involved include body folds and areas of frequently traumatized skin such as the elbows, knees and shins. Usually the lesions increase somewhat in size and distribution over time. The course of the disease is variable and repigmentation of at least some of the involved areas over time is often seen.

Cause: Pigment producing cells are either partially or completely destroyed in vitiligo. The exact cause of the disorder is unknown but it is thought to be an "autoimmune" disease. The body's own immune system attacks the pigment producing cells present in the skin or hair. Antibodies to pigment producing cells were found in 83% of 29 vitiligo patients in one study. Vitiligo is occasionally seen in association with other autoimmune disorders such as thyroid disease, anemia, and diabetes. Most patients are healthy, and we do not usually test for other disease unless the medical history or examination suggests one of these other diagnoses.

Treatment: Topical corticosteroid treatment may be useful in inducing repigmentation over several months. Ultraviolet light with oral or topical psoralen (PUVA) may be used in older children, adolescents, or adults. PUVA therapy consists of the ingestion or application of a psoralen compound two or three times a week with subsequent exposure to light. Sunlight or artificial light can be used for this purpose. This treatment may take months, requires a large commitment on the part of the patient and the patient's family and is not generally recommended for children.

A healthy diet and vitamin supplementation with multivitamins including B-complex, vitamin C, pantothenic acid, vitamin E, B-carotene, and vitamin A may help stabilize the pigment loss. Phenylalanine and natural light exposure have been advocated by some, but studies are limited. Skin grafts from normally pigmented skin to the discolored areas have been used in some patients but again such treatment is usually deferred for prolonged resistant cases in adults. Lesions can be hidden by cosmetic makeup or cosmetic camouflages such as Dermablend or Covermark. These products can be obtained at selected department stores. Since the loss of pigment that occurs in vitiligo makes patients more susceptible to the damaging effects of the sun it is important that they utilize sunscreens and protective clothing in order to protect themselves from the damaging effects of sunlight. In addition, since vitiligo tends to develop at irritated or traumatized sites it is important to avoid any agents that can lead to such changes in the skin.

The National Vitiligo Foundation was developed as a charitable foundation to locate, inform and counsel vitiligo patients and their families, and also to encourage research in the field of vitiligo. They can be contacted at the following address: PO Box 6337, Tyler, Texas 75711. Phone - 903 534-2945 or www.vitiligofoundation.org.