Vitiligo

Vitiligo is a skin condition characterized by localized loss of skin pigmentation due to autoimmune destruction of melanocytes. Patients usually present with hypopigmented areas of skin, most commonly in acral areas and around orifices. Diagnosis is clinical, although examination with a Wood’s lamp can help identify areas of pigment loss. Patients with other autoimmune disorders have an increased likelihood of developing vitiligo. Treatment includes glucocorticoids, tacrolimus and phototherapy.

PLAY PICMONIC

Pathophysiology

Autoimmune Destruction of Melanocytes

Auto-in-moon with Destroyed Melons

Melanocytes are present in the basal layer of the epidermis and are responsible for skin pigmentation. In vitiligo, there is autoimmune destruction of melanocytes leading to localized loss of skin pigmentation.

Presentation

Hypopigmentation

Hippo-pig with Hypopigmentation

Vitiligo causes localized loss of skin pigmentation, which presents as hypopigmented areas of skin. The areas of hypopigmented skin are typically chalk or milk- white in color and the lesions are well circumscribed.

Acral Areas and Around Orifices

Acorn Areas and Around Oral-orifice

Vitiligo can affect any part of the body, but it is common in peripheral body parts known as acral areas such as fingers, toes, and ears. It also is seen around orifices and body folds like the armpits, groin, and genitalia.

Diagnosis

Clinical Presentation + Woods Lamp

Clinic with Wood-lamp

Vitiligo is normally a clinical diagnosis and no tests are needed to make the diagnosis. However, sometimes a Wood’s lamp (black light) is necessary to detect the white patches in lighter skinned individuals.

Risk Factors

Other Autoimmune Diseases

Auto-in-moon with Other Diseased-guys

Increased frequencies of other autoimmune disorders, such as autoimmune thyroid disease, pernicious anemia, Addison’s disease and systemic lupus erythematosus have been identified in patients with vitiligo.

Treatment

Glucocorticoids

Glue-quarter-on-steroids

Topical corticosteroids are typically the first treatment of choice for patients with disease covering less than 10% of the body. Corticosteroids are avoided in thin skinned areas such as the face because of the potential for skin atrophy.

Tacrolimus

Taco-lioness

Topical calcineurin inhibitors including tacrolimus are second-line medications for vitiligo. Unlike topical corticosteroids, tacrolimus does not cause skin atrophy, and may be used for thin skinned areas such as the face. However, these agents are used with caution due to a possible link between tacrolimus and lymphoma.

Phototherapy

Photo-flash

Ultraviolet radiation therapy is used in patients with more extensive vitiligo. Examples of therapy include narrowband UVB and PUVA.