

# Vitiligo

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Vitiligo presents with white patches on the body. The patches vary from a few millimetres to many centimetres in size. There is no change in texture of the involved skin and there are no symptoms.

In Vitiligo patches, there is a complete absence of melanocytes (pigment cells). Vitiligo is thought to be an autoimmune disorder ie. the body attacks its own pigment cells. The reason for this is unknown. The condition affects 1% of the world's population.

Vitiligo may start at any age and any part of the body may be involved.

Spontaneous repigmentation is seen in 20% of patients with Vitiligo. In the rest, the condition is gradually progressive. However, with treatment, up to 80% can expect some improvement in their condition.

Treatment of vitiligo should be carried out under the supervision of a dermatologist or general practitioner.

The following treatments are used for Vitiligo:

1. Topical corticosteroids followed by sun exposure
2. Narrow band UVB phototherapy is currently the most favoured treatment for vitiligo.
3. PUVA (Psoralens and Ultra Violet A light). A type of phototherapy requiring the ingestion of Oxoralen tablets 2 hours before exposure to light.
4. Bleaching: If Vitiligo is very extensive, the remaining pigment can be bleached making the entire skin surface white in colour.
5. The excimer laser is the most recent addition to the armamentarium of treatments for Vitiligo. The number of treatments is shortened to about one third compared to narrow band UVB. This type of treatment is useful only for small areas of Vitiligo.
6. Recently, topical Tacrolimus (Protopic), has been used successfully for the treatment of Vitiligo.
7. Cosmetic camouflage creams can be used to cover the white areas.

Surgical methods involve the removal of skin from the normally pigmented parts of the body and inserting it into areas of pigment loss.

1. Suction blister grafting involves the creation of blisters on one area of the body and transplanting the roof of the blister to a vitiligo area.
2. Punch grafting involves the transplantation of tiny bits (1,5mm diameter) of skin into vitiligo areas.
3. Cultured epidermal cell grafting is a technique where epidermis grown in the laboratory is grafted onto areas of pigment loss.

The Vitiligo Society of South Africa aims to offer support to Vitiligo sufferers and increase understanding of the condition. Further information may be obtained from the society's website: <http://www.vitigosociety.co.za>

By: N Raboobe