

### Surgical Therapy

- Surgical treatments include taking skin grafts from a person's own body and transplanting the entire skin or the melanocytes (colour producing cells) in the affected area. This is usually done when the disease is stable i.e. not increasing in size or number. Various surgical grafting modalities are punch grafting, blister grafting, smash grafting and melanocyte transfer surgery.

### Tattooing

- Tattooing of the vitiliginous skin and cosmetic camouflage can help to cover the white patches.

### Skin Protection

- Protecting the vitiliginous skin against sun exposure is important and can be achieved by using sunscreens and wearing full sleeved clothes.

### Counselling

- Understanding the innocuous and cosmetic nature of disease can help to prevent psychological distress. It is also important to understand the limitations of therapy in providing a complete repigmentation. Working with, and supporting the doctor through the prolonged therapeutic course gives better results.

## 9. How can Vitiligo be treated in children?

- Vitiligo can occur in very young children. There are fewer treatment options in children compared to an adult.
- NB-UVB can be used in children, but Psoralen and UVA light is recommended only above the age of 12 years.
- Topical creams and lotions can be used but this has to be done strictly under the supervision of a dermatologist.

## 10. Can Vitiligo be cured and what are the chances of recurrence?

- Vitiligo is an autoimmune disease and therefore, as with any other autoimmune disease, it cannot be fully cured.
- Treatment can slow its progress and in many cases prevent further spread of the disease; however the disease may recur after stopping the treatment.
- Vitiligo can be treated effectively if a person consults a dermatologist at very early stage. Proper treatments with regular follow up increase the chances of complete pigmentation.

## 11. Can a person with Vitiligo marry and indulge in sporting activities such as swimming, wrestling?

- **Yes.** A person with Vitiligo can marry.
- Vitiligo is Not contagious and therefore any individual afflicted with this condition does not need to abstain from any activity involving physical contact.
- In case of a school going child, the teachers, support staff of school and parents of other children need to be sensitized about the innocuous nature of the disease and special care should be taken by the school to prevent psychosocial harassment of the child by his/her peers.

#### Disclaimer:

This leaflet is only for general patient information and is not intended for self-medication. There is no legal liability of IADVL arising out of any adverse consequences to the patient subsequent to its use for self-treatment of the disease. Images are just for the depiction of the condition and are not to be used for any other purpose.

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Creative Partner



# VITILIGO

## INDIAN ASSOCIATION OF DERMATOLOGISTS, VENEREOLOGISTS AND LEPROLOGISTS

- What is Vitiligo?
- How can one get Vitiligo?
- Is Vitiligo hereditary? Is Vitiligo transmissible to family members or contacts?
- Are there any precipitating or triggering factors for the disease?
- How does Vitiligo look? Which areas of body are affected by Vitiligo?
- What should one do if he/she gets Vitiligo?
- Are there any tests to confirm Vitiligo?
- How can Vitiligo be treated?
- How can Vitiligo be treated in children?
- Can Vitiligo be cured and what are the chances of recurrence?
- Can a person with Vitiligo marry and indulge in sporting activities such as swimming, wrestling?

## 1. What is Vitiligo?

- Melanocytes produce '*melanin*' which gives our skin a brown colour. Loss of these cells leads to loss of the colour leading to white patches.
- Vitiligo is a skin condition in which the pigment-producing cells of the skin, called as '*melanocytes*' are destroyed.



## 2. How can one get Vitiligo?

- The exact cause of Vitiligo is not known. Vitiligo is an autoimmune disease with underlying genetic predisposition.
- **There are three theories on the causation:-**
  - Deranged nerve supply to melanocytes: Malfunction of the nerves may damage melanocytes.
  - Sometimes, the body destroys its own tissue perceiving it as being foreign. This is known as an *autoimmune reaction*. This is also believed to be a cause of melanocyte damage.
  - Some researchers believe that melanocytes can self-destruct and certain triggers e.g. trauma may trigger this self-destruction.

## 3. Is Vitiligo hereditary? Is Vitiligo transmissible to family members or contacts?

- Vitiligo affects approximately 1% of the population.
- Sometimes it is seen in other members of the family.
- The inheritance pattern is complex since Vitiligo is caused by multiple factors. On an average it has been found that 20 - 30 % of all Vitiligo patients have at least one close relative afflicted by the disease.
- No. Vitiligo is not transmissible to family members or contacts.

## 4. Are there any precipitating or triggering factors for the disease?

- There are reports of pigment loss shortly after an emotional stress, psychological crisis or some major illness.
- Sometimes a physical trauma to an area may lead to the development of the disease in that area.
- Diet does not appear to play any role in the appearance or continuation of the disease.
- Vitiligo is not contagious, which means that it does not spread by touch.
- In rare cases, the presence of a nevus (birth mark) may give rise to a Vitiligo around it. This is called as 'Halo nevus'.

## 5. How does Vitiligo look? Which areas of body are affected by Vitiligo?

- Vitiligo presents as asymptomatic white or off-white patches on skin. The hair overlying the area may also lose colour and become grey.
- Other than the loss of colour, a skin affected by Vitiligo appears completely normal.
- Vitiligo can affect skin at different areas of the body. Depending on the area of involvement, different types of Vitiligo are seen.
  - **Lip-Tip Vitiligo:** involvement of the lips and the tips of the fingers/toes.
  - **Segmental Vitiligo:** involvement of an area of body in a linear fashion.
  - **Focal Vitiligo:** when a small-localized area of skin is involved.
  - **Generalized Vitiligo:** when a large area of body is involved.



## 6. What should one do if he/she gets Vitiligo?

- All white patches on skin are not Vitiligo. A dermatologist can help in differentiating between various types of white patches.
- A dermatologist will also suggest the optimal mode of therapy and counsel the patient and his/her family about the disease.

## 7. Are there any tests to confirm Vitiligo?

- Vitiligo can usually be diagnosed on clinical appearance and bed-side tests such as wood's lamp investigation.
- Amongst the patients having Vitiligo, 15% may also have other autoimmune disease such as thyroid disease, rheumatoid disease, diabetes, pernicious anemia etc. Blood tests may be needed to confirm the absence of these diseases.
- Rarely a small piece of skin may be examined (skin biopsy) to differentiate Vitiligo from other white spots on skin.



## 8. How can Vitiligo be treated?

- The goals of treatment are to control the spread of disease and to regenerate pigmentation in the areas that have lost the same. Treatment choice in Vitiligo is based on number, site and extent of involvement and patient convenience. Also supportive camouflage treatment helps to reduce social problems while the patient is on corrective therapy.

### Medical Treatment

- Medical treatment include oral medications and topical creams which may achieve the objective of stopping the spread of disease and regaining pigmentation in most areas.

### UV Therapy

- Ultraviolet light therapy includes exposing the affected area to ultraviolet A (UVA) or Ultraviolet B (UVB) therapy. UVA therapy is usually given along with a drug called as psoralen. The drug is used orally or can be applied topically and the affected area is then exposed to UVA light. Narrow Band UVB light (NB-UVB) is usually given by making the patient stand in a light box or by exposing a localised area to a focussed beam of NB-UVB light. Multiple sessions of UV light therapy are required at a frequency of two-three sessions per week.