

Patient Information for Vitiligo

Overview

Vitiligo is a disease where the immune system turns against itself (autoimmune disease) where immune cells of the body attack the color-producing (pigment-producing) cells to cause white patches on the skin, which may contain hairs that are white in color. It may be seen with other autoimmune diseases, such as thyroid disease, alopecia areata, diabetes mellitus, Addison disease, and myasthenia gravis. The way that vitiligo progresses varies greatly; it may remain in the area where it started (localized) or it may become more widespread.

Who's At Risk

Vitiligo may occur at all ages but usually begins between the ages of 2 and 40. All races may be affected. Despite a common belief, vitiligo is not seen more often in individuals of African descent; this may seem to be true only because the condition causes a more obvious cosmetic problem for darker-skinned individuals.

Signs & Symptoms

Vitiligo most commonly affects areas of injury (trauma), particularly on the face, upper chest, hands, armpit, and groin. It may be widespread, affecting both sides of the body (generalized); it may affect only one side of the body (segmental); or it may affect only one localized area (focal).

Sharply defined white patches are seen. If the affected area contains hair, the hair may turn white.

Sometimes halo nevi may be seen, in which a mole is surrounded by a circular white patch, resembling a halo.

Self-Care Guidelines

To protect your skin from sunburning, particularly in the affected areas:

- Avoid exposure to midday sun (10 AM to 3 PM).
- Wear SPF 45 sunscreen.
- Wear protective clothing and hats.
- Apply Dermablend or Covermark cosmetic cover-up makeup to hide white (depigmented) patches.

When to Seek Medical Care

It is not necessary to treat vitiligo, but seek medical evaluation if it becomes bothersome.

Treatments Your Physician May Prescribe

Your doctor may try any of the following:

- Topical steroid creams or ointments to help restore skin color. Use these with caution because of the risk of tissue damage (atrophy) with prolonged use, particularly on the face and skin fold areas.
- Topical non-steroid medications, such as tacrolimus and pimecrolimus, which deactivate immune cells, may be of benefit. These medications, however, can increase your risk of developing cancer (malignancy).
- Ultraviolet (UV) light therapy for lesions that do not affect the joints.
- For very large or widespread lesions in dark-skinned patients, topical chemicals remove color (depigment) the normal skin.
- Superficial skin grafts, especially in hard-to-treat (recalcitrant) locations, such as over joints.