



BASIC INFORMATION

DESCRIPTION

Loss of skin pigment (color) that results in white patches. This condition can affect persons of any race or ethnic group. It affects skin on the hands, face and lips, arms, armpits, legs, and sometimes, the genitals. It is more common in late childhood (9 to 12 years) to mid-adulthood.

FREQUENT SIGNS AND SYMPTOMS

- Patches of different skin color.
- They are flat, usually white, and can't be felt with the fingers. Skin texture does not change.
- They don't hurt or itch.
- They spread to form very large, irregularly shaped areas without pigment.
- The amount of skin affected differs in each person. Some may have small areas, while others may gradually lose pigment over their entire body.
- Hair color may turn gray prematurely.

CAUSES

Exact cause is unknown, but it is probably an autoimmune disorder. The immune system by mistake attacks the body itself. With vitiligo, it attacks the pigment-producing cells (melanocytes), and they become weak or die resulting in a lack of pigment production.

RISK INCREASES WITH

- Family history of vitiligo.
- Exposure to some chemicals, such as phenol. It is used in photography, and is also found in some hair color products, household stains, and other products.
- Hyperthyroidism (overactive thyroid) and hypothyroidism (underactive thyroid).
- Autoimmune disorders.

PREVENTIVE MEASURES

Cannot be prevented at present.

EXPECTED OUTCOMES

- Treatment can be prolonged and often unsatisfactory. Complete and permanent repigmentation rarely occurs. It is impossible to predict how much improvement will occur with treatment. Younger individuals (under 30) and those who obtain treatment early usually respond best. Allow 1 year to evaluate results.
- Research is ongoing to look for the causes and find new, effective forms of treatment.

POSSIBLE COMPLICATIONS

- Disorder may never disappear completely, causing permanent white skin areas.
- Emotional problems may occur.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your health care provider will do a physical exam of the affected areas of the skin. Medical tests may be done to check for disorders such as a thyroid problem.
- Treatment is sometimes not needed. The disorder is benign and often more of a cosmetic concern.
- Some patients with limited disease may choose to use a make-up product. Cover the affected skin with opaque makeup, self-tanning products, or dyes to help make it less noticeable.
- Some sun exposure may help improve skin color. Ask your health care provider. If advised, use sunscreen (with SPF of 15 or higher) to avoid sunburn.
- Counseling may be helpful for patients if the disorder is causing emotional problems.
- If treatment is desired, your health care provider will discuss several options. Treatment with drugs can involve repigmenting the skin or removing the remaining pigment. Surgery involving skin grafts or tattooing the affected skin are options for some patients.
- To learn more: National Vitiligo Foundation, 611 S. Fleishel Ave., Tyler, TX 75701; (903) 531-0074 (not toll free); website: www.nvfi.org.

MEDICATIONS

- Steroid creams may help repigment small areas.
- Psoralen drugs used with exposure to ultraviolet A (UVA) may be prescribed. It is called PUVA. This stimulates pigmentation. It helps some, but not all patients. Adverse effects of these drugs are frequent.
- Monobenzyl ether of hydroquinone may be prescribed for depigmentation. It can permanently remove pigment so that skin color is uniform. It takes about 6 months to a year. Success rate is about 75%.
- Other drugs may be prescribed.

ACTIVITY

No limits.

DIET

No special diet.



NOTIFY OUR OFFICE IF

You or a family member has symptoms of vitiligo.

Special notes:

More notes on the back of this page