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# Vitiligo

## (loss of skin pigment)

### What is Vitiligo?

Vitiligo is a skin condition where areas of skin lose pigment and become white. Usually both sides of the body are similarly affected. Although the face, lips, hands, arms, legs and genital areas are most commonly involved, any part of the skin may be affected. Most people with vitiligo are otherwise in good health. Light-skinned people are most likely to notice vitiligo more in the summertime because the affected areas don't tan well. Vitiligo is much more obvious in dark-skinned people. Vitiligo often worsens over time. Sometimes it goes away, and sometimes it comes back. It is less common for skin pigment in vitiligo patients to return on its own. It is impossible to predict if a patient's vitiligo is going to get better or worse with time.

### How is Vitiligo Treated?

**Sun protection** is essential as the white skin of vitiligo is very easily sunburned. A broad spectrum sunscreen should be used on all areas of vitiligo not covered by clothing. Avoid the sun when it is most intense to avoid burns.

**Disguising** vitiligo with make-up, self-tanning compounds or dyes (Self-Sun Bronze Gel™ (Clinique), Dy-O-Derm™ (Galderma), Vitadye™ (ICN Pharmaceuticals)) is a safe, easy way to make it less noticeable. Waterproof cosmetics to match almost all skin colors are available at many large department stores. Stains that dye the skin can be used to dye the white patches to more closely match normal skin color. These stains gradually wear off. Self-tanning compounds contain a chemical called dihydroxyacetone that does not need melanocytes to make the skin a tan color. The color from self-tanning creams also slowly wears off. None of these change the disease, but they can improve appearance. Micropigmentation tattooing of small areas may be helpful.

**Topical medications** including creams, ointments and lotions can be prescribed that sometimes help the affected skin regain pigmentation. These include corticosteroids, vitamin D, pimecrolimus and tacrolimus.

**Ultra violet (UV) light treatments** sometimes help repigment the skin, but many treatments are usually required and this treatment may increase the risk of developing skin cancer, including potentially deadly melanoma. **PUVA** is a form of UV light therapy where a type of medication known as psoralen is given. This chemical makes the skin very sensitive to light and can cause severe sunburn type reactions. Then the skin is treated with a special type of ultraviolet light called UVA. Sometimes, when vitiligo is very limited, psoralens can be applied to the skin before UVA treatments. Usually, however, psoralens are given in pill form. Treatment with PUVA has a 50-70% chance of returning color on the face, trunk, and upper arms and upper legs. Hands and feet respond very poorly. Because psoralens also make the eyes more sensitive to light, UVA blocking eyeglasses must be worn from the time of exposure to psoralen until sunset that day. This eye protection is needed to prevent an increased risk of cataracts. PUVA is not usually used in children under the age of 12, in pregnant or breast feeding women or in individuals with certain medical conditions. **Narrow band UVB treatment** is similar to PUVA treatment but does not require the use of a psoralen medication. There are limited data on the use of lasers for treating vitiligo.

**Grafting** - Transfer of skin from normal to white areas is a treatment that can repopulate the area with pigment-producing cells. It does not generally result in total return of pigment in treated areas. For some patients with severe involvement, the most practical treatment for vitiligo is to remove remaining pigment from normal skin and make the whole body an even white color. This is done with a chemical called monobenzylether of hydroquinone. This therapy takes about a year to complete. The pigment removal is permanent.

### Treatment of Vitiligo in Children

Aggressive treatment is generally not used in children. Sunscreen and cover-up measures, along with a trial of the topical medications should be considered. PUVA is usually not recommended until after age 12, whereas narrow band UVB should be safer. The risks and benefits of this treatment must be carefully weighed.

### Is Vitiligo Curable?

Research is ongoing in vitiligo and it is hoped that new treatments will be developed. At this time, the exact cause of vitiligo is not known and although treatment is available, there is no single cure.

