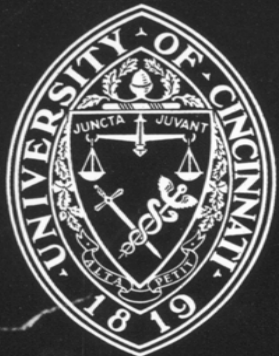


VITILIGO

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VITILIGO
NEWSLETTER

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**The
Desiree
Simmons
Story**

**THE FOLLOWING
VITILIGO ISSUES
WILL BE
PRESENTED**

- **Characteristics**
- **Types**
- **Disease Process**
- **Therapies**
- **Quality of Life**

CHARACTERISTICS OF VITILIGO

- Occurs in all global regions and ethnic groups with same frequency
- Affects ~0.5-1.0% of the population
- Of those who will get vitiligo, half show symptoms by 20yrs of age, 95% by 40yrs of age
- Affects males & females equally
- Frequent in family units with ~7% incidence
- There are various types of vitiligo classified by physicians
- White vitiligo lesions result from loss of pigment cells (melanocytes)
- Cause is complex (genetic, cellular, & immune factors are all at play)
- There are multiple therapies with marginal success
- Can result in severe psychological, social & sexual problems

TYPES OF VITILIGO

1. Generalized – when many lesions occur all over the body



TYPES OF VITILIGO

1. Generalized
2. Focal – when a few lesions occur at distinct areas of the body



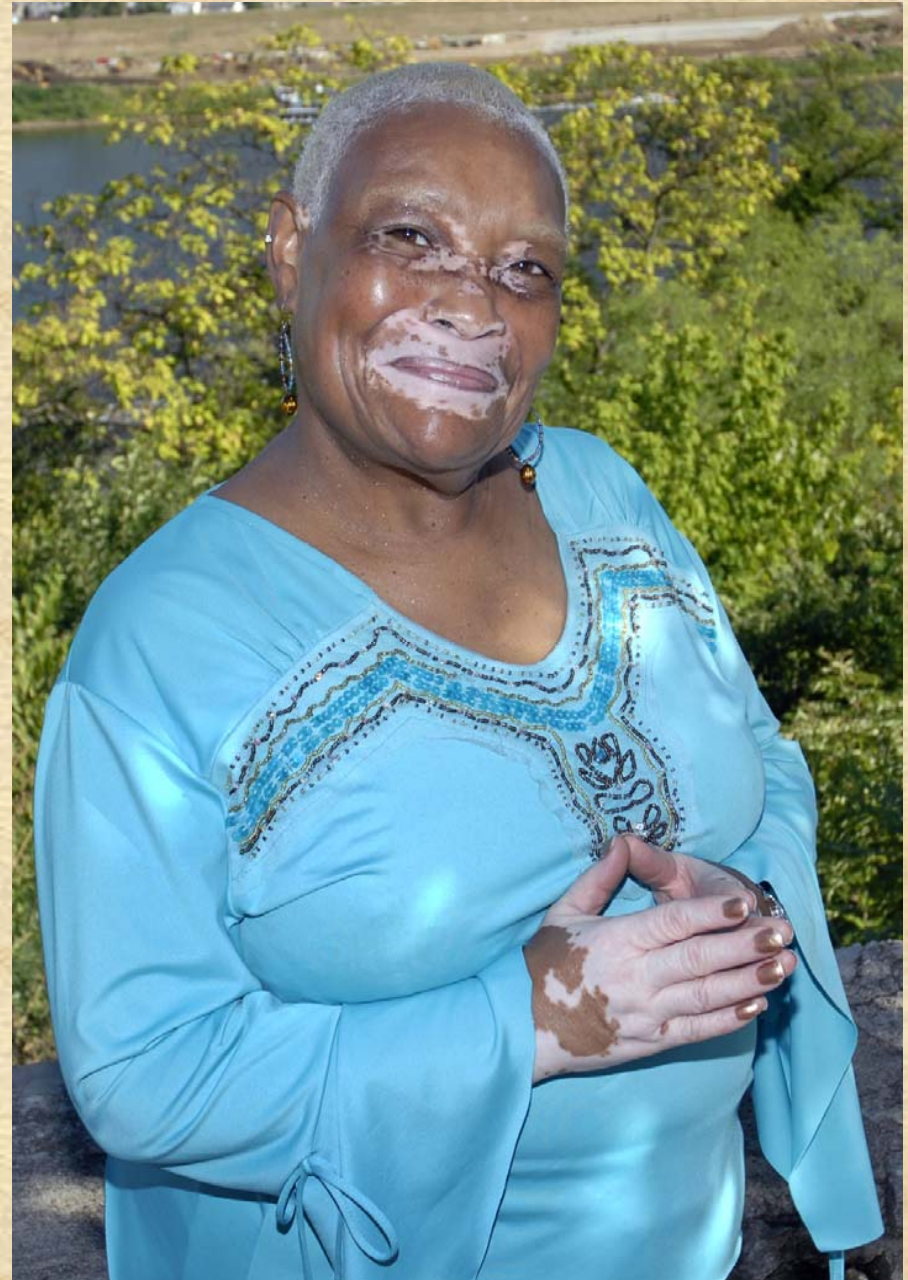
TYPES OF VITILIGO

1. Generalized
2. Focal
3. Unilateral
(segmental) – when a few lesions occur on one side of the body with the mirror side unaffected



TYPES OF VITILIGO

1. Generalized
2. Focal
3. Unilateral (segmental)
4. Acrofacial – when lesions occur on the extremities and face only



TYPES OF VITILIGO

1. Generalized
2. Focal
3. Unilateral (segmental)
4. Acrofacial
5. Total – when lesions cover more than 90% of the body surface



TYPES OF VITILIGO

1. Generalized
2. Focal
3. Unilateral (segmental)
4. Acrofacial
5. Total
6. Inflammatory – when lesions have a red, slightly raised border around them



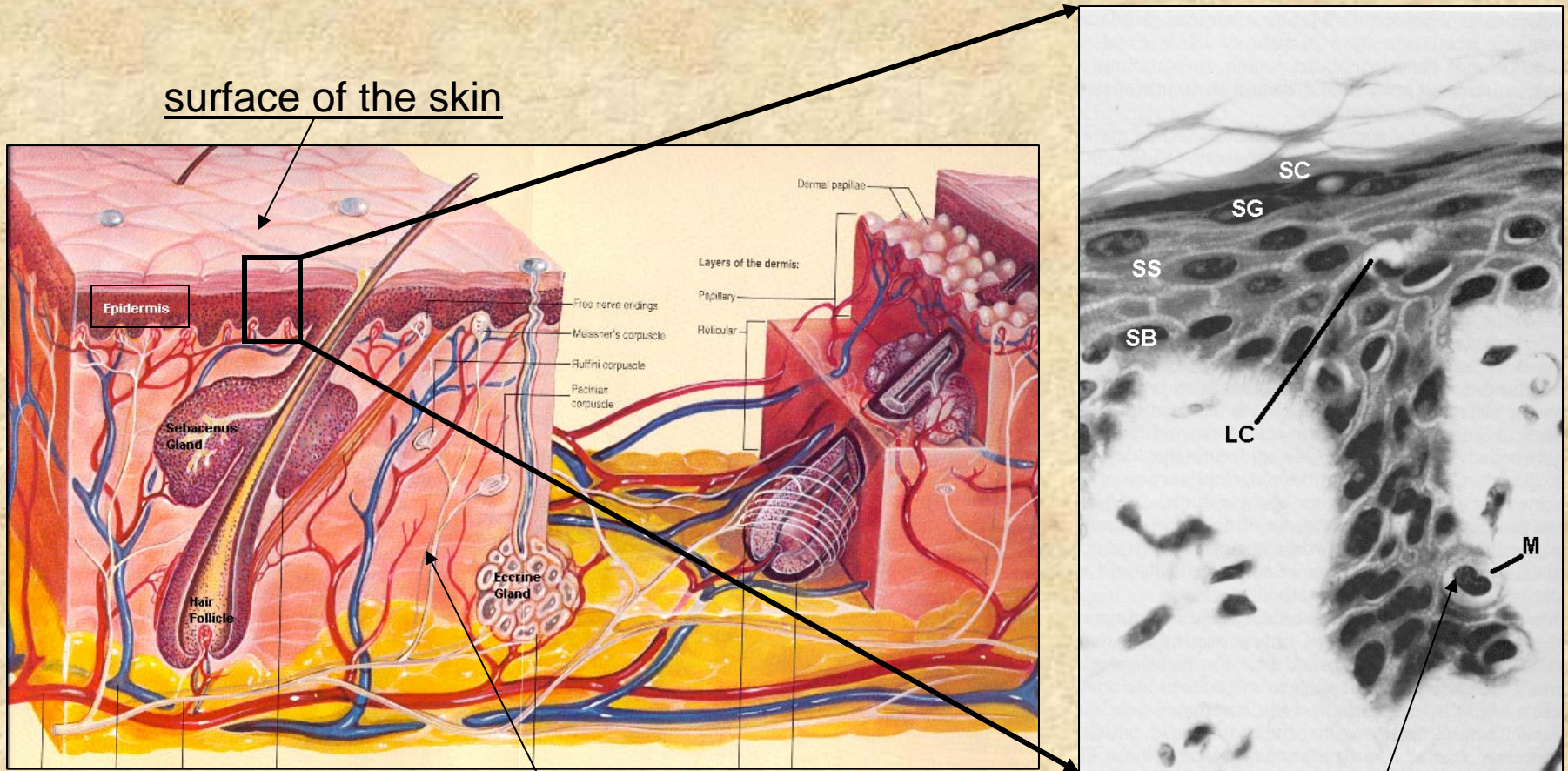
TYPES OF VITILIGO

1. Generalized
2. Focal
3. Unilateral (segmental)
4. Acrofacial
5. Total
6. Inflammatory
7. Contact/Occupational
– when lesions occur after exposure to specific chemicals



A WHITE VITILIGO LESION DEVELOPS WHEN THE PIGMENT CELL, also called melanocyte, IS REMOVED FROM THE SKIN, also know as the epidermis.

- THE PIGMENT CELLS ARE IN THE BOTTOM OF THE EPIDERMAL SKIN & HAIRS
- THERE IS ONE PIGMENT CELL FOR EVERY 36 SKIN CELLS (also called keratinocytes)



THE CAUSE OF VITILIGO

THE CAUSE OF VITILIGO IS COMPLEX. IT IS CURRENTLY THOUGHT THAT VITILIGO IS CAUSED BY MULTIPLE STEPS.

- A GENETIC STEP -----

There appears to be several genes (such as NALP1) that cause an individual to be susceptible for developing vitiligo. What these genes control is yet to be determined.

- A TRIGGERING STEP -

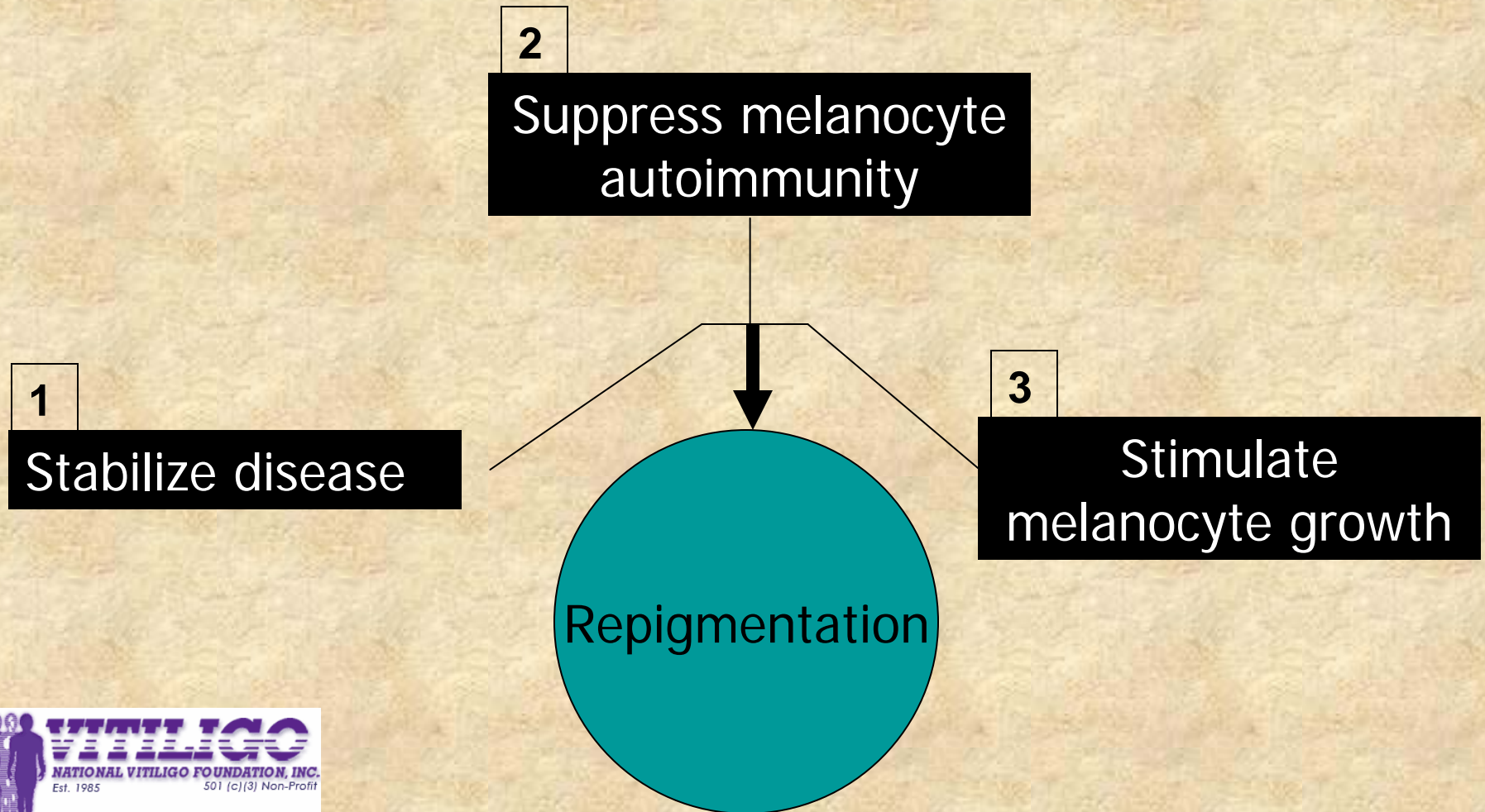
It appears that some event must trigger the destruction of the pigment cells. There are many proposed triggers and they may not be the same for all vitiligo situations (such as sunburn, trauma, pregnancy, etc.).

- AN IMMUNE STEP ----

The immune system can also be involved with the destruction of the pigment cells. That is why vitiligo is frequently referred to as an autoimmune disease.

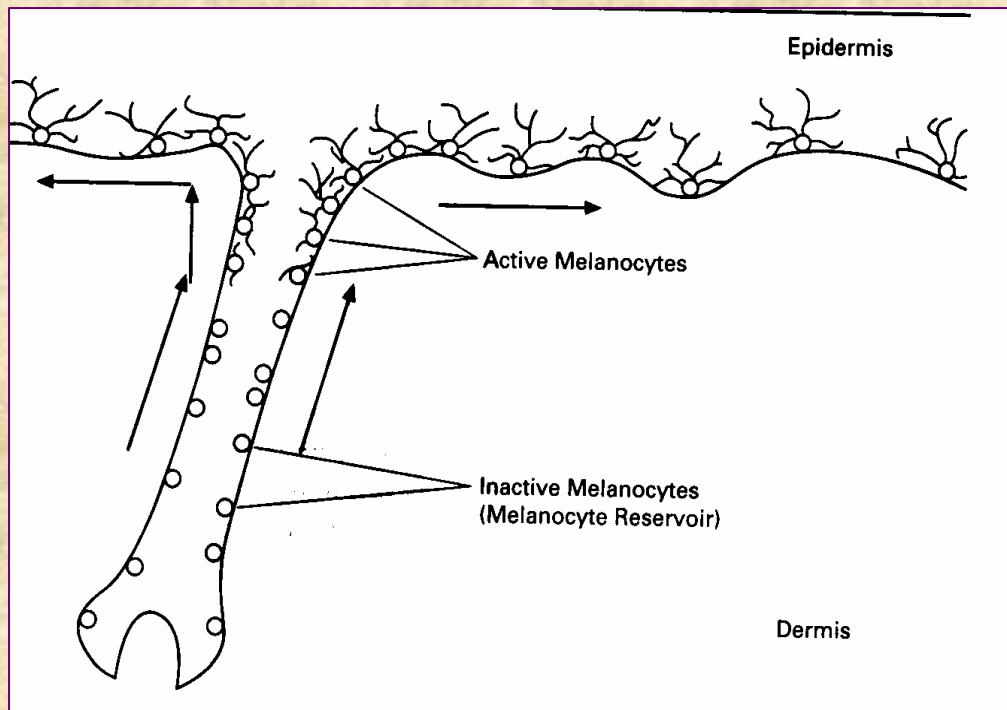
Repigmentation Therapies

TO ACCOMPLISH REPIGMENTATION IN VITILIGO, THE DERMATOLOGIST NEEDS TO ACCOMPLISH WHAT IS LISTED IN THE BOXES BELOW



THE SOURCE OF PIGMENT CELLS FOR REPIGMENTATION IS GENERALLY THE HAIR FOLLICLE

That is why repigmentation frequently begins at the base of the hair follicles and pigmentation then spreads to the area in between.



DEVELOPING THE BEST TREATMENT PROTOCOL

After discussions of history, duration, health, previous treatment, side effects, etc., the experienced dermatologist will recommend the best treatment regimen to begin with or for follow-up.

General treatment options consist of:

- *Topical treatments – mainly immunomodulator creams*
- *Phototherapy treatments – mainly ultraviolet light exposure*
- *Combination treatments – topicals plus phototherapy*
- *Surgical treatments – skin grafting/transplantation*
- *Depigmentation treatment - used when extensive & unresponsive*

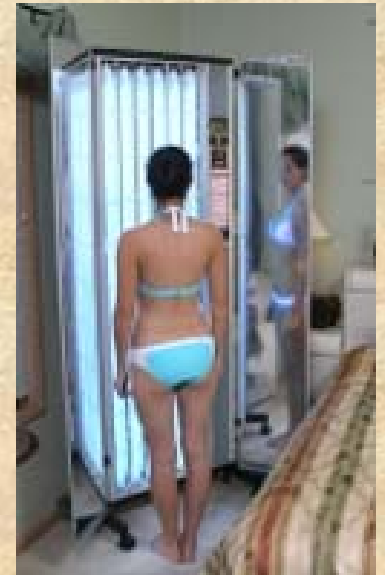
Topical Treatments

- Various topical immunomodulators have documented effectiveness. [These consist of, but are not limited to, Hydrocortisone, Triamcinolone, Protopic, Elidel, Dovonex, Clobetasone, Tacrolimus]
- Strong steroids may be used for short periods at the onset of treatment.
- These are followed by milder steroids or other immunomodulators.

Phototherapy Treatments

- PUVA [Psoralens + UVA light] has been used with success for the past several decades.
- Narrow Band UVB light exposure is a recent innovation that can replace PUVA.
- Excimer laser seems to be as effective as Narrow Band UVB, particularly with small lesions.

PHOTO-THERAPY UNITS CAN BE OBTAINED FOR THE HOME



Surgical Grafting

- Auto-graftings (the surgical transfer of pigmented skin into the vitiligo lesion in the same patient) are effective ways to replace vitiligo lesions.
- There are many techniques being developed. Mini(micro)-grafts and blister grafts are the most effective.

MINI-GRAFTING FOR VITILIGO



Vitiligo lesion



Lesion with grafts



Repigmentation after
several months

Depigmentation

- Depigmentation can be very useful in patients with extensive, dormant, and therapeutically unresponsive vitiligo.
- It can produce dramatic results. It may take up to 6 months to accomplish and in rare occasions repigmented spots can occur.

Depigmentation with Benoquin™



QUALITY OF LIFE ISSUES

Physical Disfigurement can cause:

- Discrimination
- Poor treatment by: *peers, teachers, friends, strangers, employers*
- Stares & rude comments
- Strained social & sexual relationships
- Low self-esteem
- Feelings of inferiority

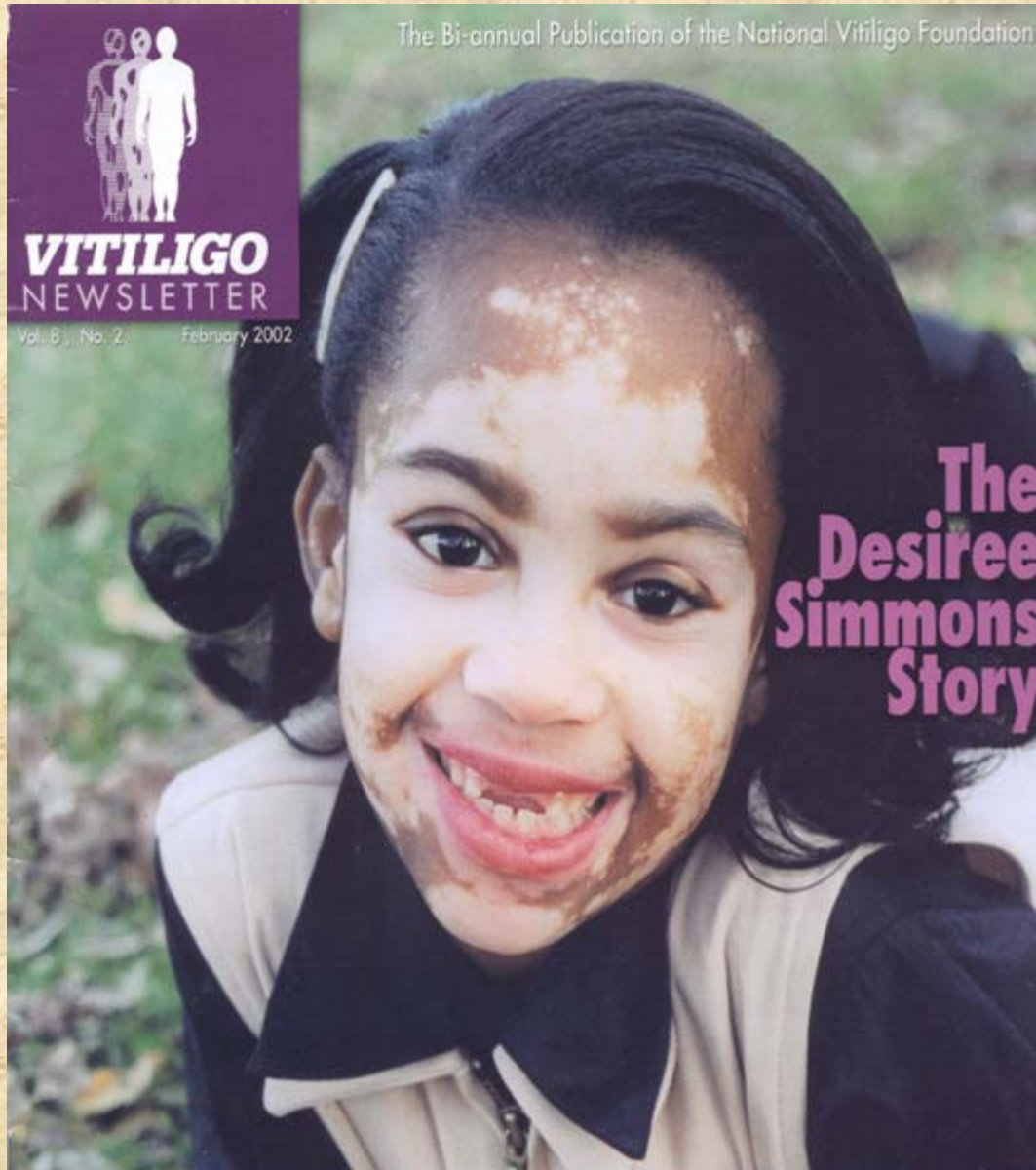
QUALITY OF LIFE ISSUES

Concerns of Vitiligo Patients:

- Will it spread ?
- Will my children get it ?
- Will a cure be found in time ?
- Should I avoid social activities ?

THE BEST WAY TO IMPROVE QUALITY OF LIFE ISSUES ARE TO DISCUSS YOUR CONCERNS WITH OTHERS WHO HAVE VITILIGO AND HAVE PROBABLY EXPERIENCED THE SAME ISSUES.

SUPPORT FOR INDIVIDUALS WITH VITILIGO



<http://www.nvfi.org>

Vitiligo Friends

Make Friends, Share Healing
Ideas, Inspire Hope

<http://vitiligo.ning.com>



Vitiligo Support
International

<http://www.vitigosupport.org>

AMERICAN VITILIGO RESEARCH FOUNDATION



<http://www.avrf.org>