

Vitiligo

A chronic depigmenting skin condition, in which melanocytes are lost. It is thought to be of autoimmune aetiology.

Suggested approach to vitiligo OSCE station

Describing lesions:

- Areas of depigmentation
 - “There are multiple well-demarcated patches of de-pigmentation in a generalised distribution”
 - “These range in size from 1-4cm and have irregular borders”
 - “These lesions are flat and there are no secondary features”
 - “These lesions are consistent with vitiligo”

Differential diagnosis:

- Tinea versicolour
- Post-inflammatory hypopigmentation
- Pityriasis alba
- Scarring
- Tuberculoid leprosy

Associations

- Autoimmune conditions
- One fifth of cases are familial
- Lesions may be triggered by stress, skin trauma or exposure to chemicals

Complications

- Development of autoimmune diseases (e.g. thyroid disease, pernicious anaemia, diabetes, Addison’s disease)

Management

- General measures
 - Avoid sun and use strong sun cream (affected areas will burn and not tan)
 - Avoid skin trauma
 - Check for evidence of other autoimmune diseases (thyroid disease, pernicious anaemia, diabetes, Addison’s disease)
- Cosmetic camouflage creams
- Topical steroids
- Topical calcineurin inhibitors (e.g. tacrolimus)
- Phototherapy

