

Vitiligo

Vitiligo is a loss of skin pigment, or color, that causes white spots or patches to appear on the skin. No one knows exactly why this happens, but we do know it affects people of both sexes and all races. In the United States alone, an estimated 1 to 2 million people have the condition, and more than half of them are kids and teens.

The good news is that vitiligo — upsetting as it can be to those who are living with it — isn't medically dangerous. It's not a form of skin cancer, it's not an infection like MRSA (staph infection resistant to amoxicillin), and it's definitely not contagious. In fact, most kids who have it are every bit as healthy as everyone else.

About Vitiligo

Vitiligo is a skin disorder that affects the melanocytes, cells deep within the epidermis (the outermost layer of the skin) whose function is to produce melanin. Melanin is the pigment that gives skin its color and helps protect it from the sun.

Our skin color is determined not by how many melanocytes we have (we're all born with a similar amount), but rather by how active they are. Dark-skinned people have cells that naturally produce a lot of melanin, while light-skinned people produce much less.

Sometimes, though, skin cells suddenly stop producing melanin. At first, this might cause a spot, called a macule, whose color is much lighter than the skin around it. But in time these light patches may spread and grow to cover a larger portion of the body. Sometimes the spread happens quickly, and then remains stable for a number of years; other times it happens slowly, over a longer period of time.

Dermatologists label the types of vitiligo according to the amount and location of the patches:

- focal vitiligo happens when there are just a few spots in a single area
- generalized vitiligo is associated with many spots all over the body that tend to be symmetrical (they affect the right and left sides of the body like a mirror image). This is the most common form of the condition.
- segmental vitiligo is characterized by spots only on one side of the body and usually nowhere else. This type of vitiligo is relatively uncommon.

Although vitiligo can occur anywhere on the body, it's more likely to happen in:

- areas that are exposed to the sun, such as the face or hands
- skin that has folds, such as the elbows, knees, or groin
- skin around orifices (body openings), such as the eyes, nostrils, belly button, and genital area

Although kids of all races are affected equally, spots tend to be more visible on those with darker skin.

Sometimes kids with vitiligo have other symptoms, such as premature graying of the hair or a loss of pigment on the lips, since pigment cells are found in these places, too.

Causes

Theories vary on what causes vitiligo. Some experts think it is an autoimmune disorder (in which the immune system mistakenly attacks healthy melanocytes). Others think it is a genetic condition, since over 30% of affected kids have a family member who also has it.

What is known is that the risk of developing vitiligo increases in kids with a family or personal history of thyroid disease, diabetes, and certain conditions like alopecia (an autoimmune disease that causes hair loss). And vitiligo is never contagious — kids can't "catch" it from someone else.

Diagnosis

A dermatologist can usually make a diagnosis of vitiligo just by looking for the telltale white patches on the skin. On kids with very fair skin, a special tool called a Woods lamp might be used. This lamp uses ultraviolet light in a dark room to illuminate areas of affected skin that would otherwise be hard to see with the naked eye.

The doctor will also ask lots of questions about your child's medical history, including whether anyone in the family has had skin conditions or autoimmune problems in the past; whether your child recently has had a rash or sunburn; or whether he or she has had any other illnesses or been under stress. A blood test may be done to check for thyroid problems and diabetes, as these can increase the risk of vitiligo.

Very rarely, the doctor may perform a biopsy (where a small piece of the affected skin is removed to be analyzed in the lab). A biopsy lets the doctor check for pigment cells in the skin. If there aren't any, this can confirm a case of vitiligo.

Treatment

There is no "cure" for vitiligo. Some patches will resolve without treatment, but for those that don't, treatments are available to help to even out your child's skin tone. You can try some at home; others require treatment by a doctor. Just remember that results can vary — what works for one person may not work for another, and no treatment is likely to be 100% effective at making the spots disappear.

Here are ways you can help:

- **Sunscreen.** One of the most important things your child can do is wear sunscreen every day to protect against skin cancer. And because vitiligo spots can't tan (they have no melanin), they may burn and scar. Getting a tan on the rest of the body will only highlight white patches even more, especially if a child has light skin.
- **Cosmetics.** Different kinds of over-the-counter concealers are available. Ask your doctor for recommendations and try different brands until you find the one that works best for your child.

- Corticosteroid creams. Corticosteroids are a type of medication which, when applied to white patches very early in the disease, may help to "repigment" the skin. They reduce the inflammation that causes a loss of pigment so that pigmented cells can return to the skin. Some non-steroidal creams also produce a similar effect.
- Photochemotherapy with ultraviolet A (also known as PUVA). PUVA has two steps: first, a medication called psoralen is either applied to the white patches of skin or taken orally; then, the skin is exposed to ultraviolet light, sometimes from the sun but usually from an artificial source, like a UVA lamp. This turns the affected skin pink, which in time tends to fade to a more natural (often slightly darker) color. There are side effects, which may include severe sunburn and skin blistering. Other side effects may be more serious, so talk to your doctor about the risks involved.
- Narrow-band ultraviolet B (UVB) therapy. This treatment is more widely used than PUVA. It's similar to PUVA, except that the ultraviolet light used is UVB instead of UVA. Also, no psoralen is required beforehand, which eliminates some of the side effects.