

Worrying About a White Out?

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A 16-year-old girl noted several white patches appearing over a few months. The areas tended to burn more readily than her normal skin when exposed to the sun.

What is your diagnosis?

Vitiligo is an autoimmune disorder in which normal melanocytes in the skin are destroyed. Significant psychologic distress may result when it occurs on exposed areas, particularly in darker-skinned individuals.


Although usually of sporadic onset in otherwise healthy persons, history may reveal a positive family history for vitiligo and association with other autoimmune disorders, such as:

- thyroid disease,
- rheumatoid arthritis,
- diabetes and
- collagen vascular disease.



Figure 1. Vitiligo

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Visible lesions can be concealed by sunless tanning lotion or camouflage makeup. Sunscreen protection with SPF 30 or higher is extremely important.

Localized vitiligo usually responds to daily application of a potent, topical corticosteroid (*i.e.* clobetasol propionate). Facial lesions, particularly eyelids, are best treated with a non-steroidal anti-inflammatory product, such as topical tacrolimus or pimecrolimus, to avoid complications from potent corticosteroid use.

Widespread vitiligo is treated with phototherapy using narrowband ultraviolet B (NB-UVB) or psoralen ultraviolet A-range (PUVA).

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