"What are these spots?"

Benjamin Barankin, MD, FRCPC

A 56-year-old Canadian male born in India presents with white macules and patches on his bilateral cheeks for the past few months. The lesions are asymptomatic and there is no evidence of scales. He has a history of severe acne and only takes ramipril for high BP.

1. What is the most likely diagnosis?

a) Pityriasis alba
b) Tinea versicolour
c) Leprosy
d) Vitiligo
e) Piebaldism

2. Which of the following will confirm the diagnosis in your clinic?

a) Scraping of any scale for KOH
b) Punch biopsy
c) Scraping the lesion and revealing pinpoint bleeding
d) Wood's lamp
e) Paring down the lesions with a 10-blade

3. What management should be suggested?

a) Potent topical steroids
b) Topical calcineurin inhibitors (*e.g.*, tacrolimus)
c) Phototherapy
d) Topical calcipotriol
e) All of the above

Vitiligo is an acquired progressive leukoderma due to a depigmentation of the epidermis. There may be an inherited disposition to the disease as several human leukocyte antigens have been associated. The condition affects 1% to 2% of the population and it appears to cluster in some families. There is no gender disparity and vitiligo can show up at any age, though most typically in adolescence and in young adulthood.

Figure 1. White macules and patches on cheeks.

Vitiligo is asymptomatic, although early non-distinct lesions may have mild pruritus. It appears as sharply defined, noticeable white macules and patches, more so when the surrounding skin has been tanned. Over time, white macules join into larger patches with irregular shapes. A Wood's lamp examination accentuates the white appearance and suggests depigmentation (vitiligo) rather than simply hypopigmentation.

Patients can have localized (*e.g.*, segmental), or more commonly, generalized vitiligo. The most commonly affected areas are the face, neck and scalp. Areas of repeated trauma (koebnerization), such as the hands and wrists, are also commonly affected. Mucous membranes, genital and periorificial involvement are not uncommon.

The differential diagnosis of white patches includes leprosy, tinea versicolour, tuberous sclerosis, piebaldism, idiopathic guttate hypomelanosis, nevus anemicus or depigmentosus.

Treatment can be frustrating, especially in acral areas. The head and neck appear to respond best. Topical steroids, topical calcineurin inhibitors (*e.g.*, tacrolimus), topical calcipotriol, or phototherapy are most often employed. Excimer laser or surgical grafting are used less frequently. Dx

Dr. Barankin is a Dermatologist practicing in Toronto, Ontario.

Answers: 1-d; 2-d; 3-e