



# Depigmented Armpit

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A 17-year-old male presents with a slowly enlarging asymptomatic white patch in his axilla. There are no lesions elsewhere and he is otherwise very fit and healthy.

## 1. What is the most likely diagnosis?

- Pityriasis alba
- Tinea versicolor
- Halo nevus
- Vitiligo
- Nevus anemicus

## 2. What location does this condition most commonly affect?

- Neck
- Bony prominences
- Fingers
- Face
- All of the above

## 3. How could you manage this condition?


- Discuss cover-up options
- Potent topical steroids
- Topical calcineurin inhibitors (e.g., tacrolimus)
- Phototherapy
- All of the above

Vitiligo is an acquired, benign, depigmentation of the skin resulting in flat, white macules and patches. It affects approximately 1% of the population and onset is typically between 10 to 30-years-of-age. The pathogenesis is multifactorial, having both genetic and likely autoimmune mechanisms. Vitiligo has been associated with other autoimmune conditions such as pernicious anemia, alopecia areata, diabetes mellitus, Addison's disease and thyroid disease. A Wood's lamp



Figure 1. Asymptomatic white patch.

examination can help clarify the diagnosis as the depigmented white areas of vitiligo become accentuated under the light. Most commonly the face and neck are involved, as well as bony prominences, dorsal hands and fingers. Body hair in a patch of vitiligo will also be depigmented.

Management options include discussion of the use of cover-up make-up and fake tanning solutions. Potent topical steroids can be effective and sometimes topical calcineurin inhibitors are used (especially on thin skin like the face). Phototherapy is commonly employed for more widespread involvement. Uncommonly, excimer laser, repigmentation surgery and depigmentation therapy are employed. 

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

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