

- Autoimmune of unknown aetiology.  
- Affects ~2% of population.

**Vitiligo**

Disclaimer:  
Read the disclaimer at [medimaps.co.uk/disclaimer](http://medimaps.co.uk/disclaimer)

References:  
1. [pcds.org.uk](http://pcds.org.uk)  
2. [patient.co.uk](http://patient.co.uk)  
3. Dermatology consultant, Walsall Alliance Federation, Mar 2018  
4. Dermatology consultant Spire webinar June 2020.

**Symptoms**

- Well demarcated depigmentation.  
- Depigmented (not hypopigmented).  
- Not itchy.  
- Not scaling.

- Hold a piece of paper next to it. It should be the same 'colour' i.e. no pigment at all as compared to hypopigmentation.

**Investigations**

- Clinical diagnosis.  
- No tests needed.

screen for associated autoimmune disease

- TSH.  
- Thyroid peroxidase antibodies.  
- Intrinsic factor.  
- HbA1c.

**Management**

- General measures.

- Sun protection. High SPF sunscreen can be prescribed on NHS.  
- Avoid activities leading to skin trauma.  
- Annual TSH and thyroid peroxidase antibodies.  
- Advise pt to monitor for signs of associated autoimmune disease.  
- Manage expectations.

Diabetes:  
- Polyuria.  
- Polydipsia.  
- Lethargy.  
- Wt loss.

Pernicious anaemia:  
- Lethargy.  
- SOB.

Addison's disease:  
- Lethargy.  
- Dizzy.  
- Nausea, vomiting.  
- Weight loss.  
- Hyperpigmentation.

Hypothyroid:  
- Lethargy.  
- Wt gain.  
- Feel cold.

- Camouflage.

- Direct pt to [changingfaces.org.uk](http://changingfaces.org.uk).  
- They will assess the exact camouflage required for their skin type.  
- Can be prescribed on NHS.  
- If too long waiting list, they can be seen privately (details on their website).

- Topical treatment.

Very unlikely to benefit if:  
- Vitiligo at the extremities e.g. hands and forearms.  
- Longstanding vitiligo.

More likely to benefit if:  
- More central vitiligo e.g. the face.  
- Recent onset vitiligo.

face      non-facial site

- Protopic 0.1% BD for 3-6/12.  
- If no response, stop.  
OR  
- Protopic 0.1% Nocte instead.  
- 0.1% is safe >4y age.

- Elocon OD for max 3/12. If good response after 1/12 then discontinue.  
- Explain risks, and counsel on how to look for skin atrophy.  
OR  
- Protopic 0.1% as per face (see left).

- Telangiectasia.  
- Excess hair growth.

- Warn that may sting for first 10-14/7.  
- Review in 3/12.

- Never use systemic prednisolone.

- Refer to 2o care if any:

- Diagnostic uncertainty.  
- Child requiring treatment.  
- >10% BSA affected.  
- Significant distress.  
- Treatment failure.