METHODS

INTRODUCTION

Vitiligo is a common acquired dermatological disease occurring worldwide with an overall prevalence of 1%. However, its incidence ranges from 0.1 to > 8.8%1,3 across the country and in different countries of the globe. Its characterized by white macules due to autoimmune destruction of melanocytes, with psychological impact owing to social burden. Normal skin has typical reticulate pigmentary pattern, which corresponds to pigmentation along rete ridges with pale areas corresponding to papillary dermis.4 Dermascopy facilitates in the diagnosis of altered reticulate pigmentation in vitiligo 3 and to assess evolution of stage of disease and the response to treatment. Dermascopy, a noninvasive method aids in appreciating subtle features invisible to naked eye.

METHODS

A Prospective study was conducted in department of Dermatology, Basaveshwara Teaching and General Hospital, Kalaburagi from November 2018 to April 2019. All patients with vitiligo were included and patients with other hypopigmentary and depigmentary causes were excluded. Informed consent was taken from the patients, following which they were included in the study. A complete history regarding, duration of the disease, family history, history of Koebner's phenomenon, and history of associated other autoimmune disorders was taken. All patients were examined and were classified into stable and unstable vitiligo. Investigations were performed in patients when required and dermoscopic evaluation was done.

Different dermascopical parameters noted in our patients are:

- Reticulate pigmentation
- Perifollicular pigmentation
- Perilesional pigmentation
- Absent pigment network
- Marginal pigmentation
- Trichrome
- Petaloid pattern
- Comet tail
- Nebulious pattern
- Polka dot
- Leucotrichia

RESULTS

Out of 50 patients of vitiligo, majority belong to age group of 15-50yrs with female preponderance. 120 lesions were

ABSTRACT

Background: Vitiligo, an autoimmune disorder of pigmentation characterized by loss of functional melanocytes and melanin in epidermis. Dermascopy, a non invasive clinical technique aids in diagnosing early lesions of vitiligo and in assessing the stability of vitiligo.

Methods: An observational study of Dermascopy was conducted on 50 patients of vitiligo in Department of DVL, Basaveshwara Teaching and General Hospital, Kalaburagi.

Results: Out of 50 patients of vitiligo, majority belong to age group of 15-50 yrs with female preponderance. 120 lesions were analysed in 50 patients. 88 were clinically progressive and 32 were quiescent. Various patterns of vitiligo observed in our patients were vitiligo vulgaris 18, acral type 13, focal variant 9, mixed 8, segmental 2. On dermoscopy Marginal pigmentation was seen in 48%, perifollicular pigmentation in 32%, both patterns in 12% and none of the patterns were seen in 8%. Family history was seen in 9 patients. In our study vitiligo association with hypothyroidism is 06 patients and diabetes in 2 patients. Dermoscopy features of disease activity in our study were Trichrome pattern, Petalloid pattern, Comet tail, Nebulous pattern, Polka dot. Leukotrichia was seen in 32 patients.

Conclusion: Dermoscopy aids in monitoring disease activity, treatment response and prognosis of disease. It helps in assessing the disease activity earlier than the clinical onset of disease instability.
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Figure 1 Amoeboid pattern

Figure 2 Nebulous pattern

Figure 3 Trichrome pattern

Figure 4 Perifollicular pigmentation

Figure 5 Telangiectasia

Figure 6 Leucotrichia

Figure 7 Starburst pattern

Figure 8 Absent pigment network
DISCUSSION

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study

inheritance pattern

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studies

A positive family

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In our study vitiligo was seen in association with

hypothyroidism in 6 patients and insulin dependent diabetes in

2 patients. Dermoscopy features of disease activity in our

study were Trichrome pattern, Petaloid pattern, Comet tail,

Nebulous pattern, Polka dot. Unstable patches were 74 and

stable were 46. Leukotrichia was seen in 32 patients.

Additional signs seen in patients on treatment were erythema in

18 patients, telangiecstasia in 20 patients, atrophy in 12 patients.

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Vitiligo, acquired disorder with depigmented macules clinically

and absence of functional melanocytes in epidermis histologically. Evolving lesions of vitiligo which are difficult to

be distinguished from other hypopigentory and depigmentary

disorders can be diagnosed using dermoscopy and it also aids

in diagnosing trichrome vitiligo, blue vitiligo .

Out of 50 patients, 29 were females and 21 were males. There

is a preponderance of females in most series based on

outpatient attendances, but the frequency in the population is

probably the same in both sexes .

A positive family history was seen in 9 patients. Different

studies have reported association ranging from 6.25% to

30%, . Vitiligo has polygenic or autosomal dominant

inheritance pattern with incomplete penetrance and variable

expression. 

Vitiligo vulgaris 26 was the most common type observed in our

study followed by acral vitiligo 15, mucosal type in 3, focal in

5, segmental in 1, which is similar to reports of koranne et al and sarin et al . Koebnerisation was seen in 11 patients in our study and nail involvement in 11 patients.

In our study vitiligo was seen in association with

hypothyroidism in 6 patients, but it was reported as 12% by

Gopal et al and 1-7% in insulin dependent diabetes, although it was seen in 2 patients in our study.

On dermoscopy Marginal pigmentation was seen in 48%,

perifollicular pigmentation in 32%, both patterns in 12% and

none of the patterns were seen in 8%. Study by Thatte and

Khopkar showed 6.7% and 3.3% of patients with perifollicular

and marginal pigmentation respectively. Family history was

seen in 9 patients. Leukotrichia was seen in 32 patients. Its

presence enhances diagnostic accuracy and signifies poorer

prognosis mainly in segmental vitiligo. Dermoscopic findings associated with stability and repigmentation of vitiligo

include marginal and perifollicular hyperpigmentation, reticular pigmentation and marginal reticular pigmentation. In our study, we noted reduced pigmentary network, absent pigmentary

network in the evolving vitiligo lesions. Marginal hyperpigmentation was the most common pattern noted in our

patients with stable vitiligo and trichrome pattern in unstable

vitiligo patients.

CONCLUSION

Dermascopy helps in diagnosing evolving lesion of vitiligo, to

assess disease activity, response to treatment and aids in

prognosis of disease.

Declarations

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References


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