

# Vitiligo: The Time Has Come To Offer Patients Therapy and Hope

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Vitiligo is one of the most common dermatologic disorders, occurring in about 1% of the US population.<sup>1</sup> Although this depigmenting disorder may be localized to a segment of the skin, most cases involve such cosmetically obvious areas as the periorcular and perioral regions and the fingertips. More than 75% of our patients have reported some psychologic distress due to the illness, correlating with facial, genital and fingertip involvement.

Until recently, little help could be offered to vitiligo patients. Therapies have generally relied on the maintenance of a reservoir of unaffected melanocytes in the hair follicles that can repopulate and repigment affected skin.

Topical corticosteroids, which are effective in children with vitiligo, produce far poorer results in adults, with a less than 50% rate of repigmentation. The risk of topical corticosteroid-induced atrophy prevents use for prolonged times on the eyelids, genitals, and intertriginous areas, all of which are common sites of the disease. A fear of increasing the intraocular pressure or inducing cataracts justifiably prevents most practitioners from prescribing the midpotency steroids that are required for response.

Although cumbersome and time-consuming, psoralens plus ultraviolet A (PUVA) offers more benefit to patients with generalized vitiligo. However, the eyelid and genital skin do not benefit because of the need for protective eyewear and the standard genital precautions used when administering PUVA.

A new era has begun in vitiligo therapy. The recognition of the presence of multiple pathogenic mechanisms of disease has led to numerous new therapeutic options. Autoimmunity is believed to

be the main pathway, but melanocyte instability, neurologic and psychologic factors, and the final common pathway of melanocyte cell death via oxidative destruction also have been recognized as important contributors to vitiligo progression. Furthermore, recognition of the process as being a full body disorder, rather than localized, has allowed for improved remission of the disease process.

Antioxidants are one of the new therapies available and may be given orally (Vitamins C, E, and folate), intramuscularly (Vitamin B<sub>12</sub>), topically (calcipotriene, pseudocatalase) or combined with ultraviolet light (narrow-band ultraviolet B [UVB] and PUVA) for enhanced results. Narrow-band UVB also has been beneficial as monotherapy. The antioxidants may rescue epidermal melanocytes and maintain the health of the melanocytes that reconstitute the skin from the hair follicle. In the future, nonsteroidal agents may prove useful, especially on delicate skin. Early results of the 308-nm excimer laser for vitiligo have been encouraging for persistent localized disease. Surgical therapy, such as punch or suction-blister grafting, can be curative, especially in resistant localized disease. Clinical trials are underway for most of these regimens.

In addition, psychologic interventions have been demonstrated to be effective in some patients. In our own institution, we host a vitiligo support group that allows patients to investigate the emotional impact of the disease. Psychotherapy and hypnosis have proved beneficial in some patients for enhanced repigmentation, as well as for reducing the shame, depression, and anxiety that are frequently associated with the disease. For patients who are interested in communicating with other

vitiligo patients, the National Vitiligo Foundation has a Web site that provides information and an active chat room (<http://www.nvfi.org>).

Despite the good news in treatment, repigmentation is still slow, requiring 2 to 4 months to see initial results and up to a year for optimal repigmentation.

Until recently, vitiligo has been enigmatic and frustrating. The appearance of new agents and modalities of therapy are encouraging and have forced clinicians to take a second look at a once untreatable illness. The era of patient self-advocacy

and the ability of patients to access new information through foundations, Web sites, and support groups forces physicians to keep up with new therapies. Physicians need to address vitiligo and return hope and self-esteem to their patients. Clinical trials and publications will be required to address the utility and long-term efficacy of the new therapies.

#### REFERENCE

1. Kovacs SO. Vitiligo. *J Am Acad Dermatol.* 1998;38:647-666.