

# Vitiligo: A comprehensive overview

## Part II: Treatment options and approach to treatment

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1. Reading of the CME Information (delineated below)
2. Reading of the Source Article
3. Achievement of a 70% or higher on the online Case-based Post Test
4. Completion of the Journal CME Evaluation

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##### Learning Objectives

After completing this learning activity, participants should be able to list the available treatments for vitiligo and restate the indications and contraindications for their use and their safety, efficacy, and side effect profiles; develop an appropriate treatment plan for patients who present with a diagnosis of vitiligo; compare and contrast the efficacy and adverse effects of conventional medical and surgical options as well as the role of alternative and new therapies; identify adverse effects of treatment and delineate the appropriate response to such an event; describe the effect vitiligo has on the patient's quality of life; and counsel patients regarding their options in the event of disease recalcitrant to both medical and surgical therapy.

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Vitiligo is a common skin disorder that results in depigmentation. With the appropriate management, many patients can minimize disease progression, attain repigmentation, and achieve cosmetically pleasing results. There are numerous medical and surgical treatments aimed at repigmentation; therapies for depigmentation are available for patients with recalcitrant or advanced disease. The use of cosmetics at all stages of treatment may be vital to the patient's quality of life. Understanding all the available options helps choose the appropriate treatment plan and tailor it to your patient. Part II of this two-part series on vitiligo discusses the indications for, evidence behind, and adverse effects associated with many of the therapies used for vitiligo. Both conventional medical and surgical options are discussed in addition to several alternative and promising new therapies. (J Am Acad Dermatol 2011;65:493-514.)

**Key words:** antioxidants; autoimmune; autologous melanocyte suspension graft; biologic agents; camouflage; corticosteroids; chemophototherapy; depigmentation; depigmented; hypopigmentation; hypopigmented; laser; leukoderma; macule; melanocyte; melanosome; phototherapy; psychotherapy; punch graft; split thickness skin graft; suction blister graft; topical calcineurin inhibitors; vitamin D3 analogs; vitiligo.

## Key points

- Many different modalities—both conventional and alternative and non-surgical and surgical—are used to treat vitiligo
- For patients with extensive or recalcitrant disease, treatments are aimed at depigmentation and/or camouflage

Vitiligo can be socially and psychologically devastating. Because there is currently no known cure, treatment is aimed at halting disease progression, inducing repigmentation, and achieving an acceptable cosmetic result. This paper reviews treatment the modalities currently available for patients with vitiligo and evaluates their efficacy in comparison to one another through a comprehensive literature review. Conventional nonsurgical and surgical therapies are discussed along with alternative and promising new treatments. Despite treatment, many patients will continue to suffer with vitiligo throughout their entire lives. For this reason, methods for coping with lifelong disease are addressed as an adjunct for those with recalcitrant disease.

## INDIVIDUAL PROGNOSTIC FACTORS

### Key points

- Mucosal involvement, a family history of vitiligo, koebnerization, and nonsegmental

## CAPSULE SUMMARY

- Numerous treatment options exist for vitiligo, but there is no cure.
- Nonsurgical treatments include topical, systemic, phototherapy, photochemotherapy, and laser therapy.
- Surgical options include skin grafting and melanocyte suspension transplantation.
- Alternative therapies, camouflage, psychotherapy, and depigmentation can be beneficial to patients with vitiligo.
- Treatment efficacy varies with duration and distribution of disease, type of vitiligo, and use in combination with other modalities.

**vitiligo are associated with disease progression in patients not receiving therapy**

- Younger patients, those with recent onset of disease, darker skin types, and lesions of the face, neck, and trunk tend to respond best to therapy

Counseling patients on therapeutic options should create realistic expectations. Understanding the factors that may affect a patient's prognosis and response to treatment is essential for success. In general, patients with a family history of vitiligo, mucosal involvement, a positive

Koebner response, and the nonsegmental subtype of vitiligo (NSV) tend to have progression of their condition in the absence of therapy.<sup>1</sup> The best response to treatment is seen in younger patients, disease of recent onset, darker skin types, and in lesions on the face, neck, and trunk. Distal extremities tend to be extremely refractory to nonsurgical modalities.<sup>2-7</sup>

## CORTICOSTEROIDS

### Key points

- Topical corticosteroids are common first-line and adjunctive therapies
- Topical corticosteroids are the most effective monotherapy and produce the best clinical outcomes when combined with light therapy
- Systemic corticosteroids effectively halt disease progression and induce repigmentation; however, safety profiles and optimal dosing parameters are lacking
- Side effects of corticosteroids limit treatment; regular steroid holidays are recommended

### Background

Corticosteroids (CSs) are commonly used as a first-line and adjunctive therapy for the treatment of vitiligo. Their efficacy is attributed to modulation of

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