



## Standard Treatment Workflow (STW)

### VITILIGO ICD-10-L80

Vitiligo is an acquired skin disease characterized by depigmented (white) macules, with a global prevalence of 1-2%

#### NON-SEGMENTAL VITILIGO

##### GENERALIZED VITILIGO

- Lesions in a generalized distribution, usually affecting trunk, extremities and face
- No predilection for any specific site; also called vitiligo vulgaris

##### ACROFACIAL VITILIGO

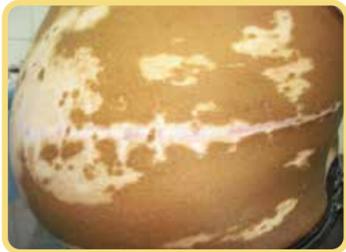
- Affects the distal extremities and/or face/genitals
- Less responsive to treatment

##### OTHER VARIANTS

- Focal
- Follicular
- Mucosal
- Universal  $\geq 80\%$  of body surface area involvement

#### SEGMENTAL VITILIGO

- Unilateral with a midline demarcation
- Onset in childhood
- Leucotrichia both within and beyond the lesion
- Usually stabilizes within a year after an initial period of progression
- Response to medical treatment is variable and most patients may require surgical treatment



Generalized vitiligo



Progressive vitiligo with Koebner's phenomenon



Acrofacial vitiligo



Universal vitiligo



Segmental vitiligo

#### GENERAL PRINCIPLES OF MANAGEMENT

- Diagnosis is clinical
- Educate patient about the disease
- Assess the psychosocial impact of vitiligo and counsel about the variable/ unpredictable course of disease & expected response to treatment
- In pregnancy, prefer only topical corticosteroids
- **Decide the treatment plan based on**
  - A. Disease activity**
    - Progressive: new lesions, or spread of existing lesions
      - Rapidly progressive:  $>5$  new lesions in last 1 month, or  $>15$  lesions in last 3 months
      - Slowly progressive:  $<5$  new lesions in last 1 month, or  $<15$  lesions in last 3 months
    - Stable: no new lesions, no spread of existing lesions
  - B. Extent of involvement:** limited ( $\leq 5\%$ ) or extensive ( $>5\%$ )
- **Limited stable/slowly progressive vitiligo:**
  - Topical treatment- Mid-potent/potent corticosteroids, tacrolimus, topical PUVA/PUVAsoL (Avoid prolonged use)
- **Extensive stable/slowly progressive vitiligo:**
  - Narrow-band ultraviolet B (NbUVB), oral Psoralen + Ultraviolet A (PUVA)/PUVAsoL
- **Rapidly progressive vitiligo (limited or extensive):**
  - Oral corticosteroids (minipulse) and/or
  - Azathioprine/ Methotrexate
- **Non-responders:**
  - Consider combining different modalities if unsatisfactory response with monotherapy
  - Consider surgical treatment for stable limited vitiligo/ segmental vitiligo (unresponsive to medical treatment)
  - Consider camouflage for poorly responsive vitiligo lesions
- **Monitoring of patients on systemic treatment**
  - Height (children), weight, blood pressure and blood sugar in patients on oral corticosteroids
  - Complete Hemogram, Liver Function Test in patients on drugs such as Azathioprine, Methotrexate

#### COMMON DIFFERENTIAL DIAGNOSES

- **Leprosy**
  - Hypopigmented, not depigmented macules
  - Overlying sensory loss
  - Enlarged peripheral nerves
- **Pityriasis alba**
  - Hypopigmented scaly lesions usually on a child's face
- **Nevus depigmentosus**
  - Present since birth or early childhood
  - Single hypopigmented macule/ segmental lesion

#### IMPORTANT COUNSELLING POINTS

- Not the same as leprosy
- Does not spread by touch
- Not caused by certain foods such as milk, curd, lemon, fish etc
- Treatment is available for vitiligo
- Multifactorial, predominantly autoimmune

#### TREATMENT

##### REFER TO GENERAL PRINCIPLES OF MANAGEMENT

Category	Stable	Progressive	Tertiary Level
<b>Acrofacial vitiligo</b>	<b>Primary /secondary Level</b> <ul style="list-style-type: none"> <li>• <b>Face, flexures, genitals:</b> Tacrolimus 0.1% ointment BD</li> <li>• <b>Other body sites:</b> Betamethasone valerate/ Mometasone/ Fluticasone/ Fluocinolone cream OD (clobetasol NOT to be used)</li> <li>• Refer non-responders to higher center after 3 months</li> </ul>	Refer to higher center	<b>Tertiary Level</b> <ul style="list-style-type: none"> <li>• Same as in primary/secondary care</li> <li>• Topical PUVA/PUVAsoL</li> <li>• Handheld NbUVB</li> <li>• Targeted phototherapy/Excimer LASER</li> <li>• Surgical management – minipunch grafting, suction blister epidermal grafting, noncultured epidermal suspension</li> </ul>
<b>Generalized vitiligo</b>	<b>Primary /secondary Level</b> <ul style="list-style-type: none"> <li>• <b>Face, flexures, genitals:</b> Tacrolimus 0.1% ointment BD</li> <li>• <b>Other body sites:</b> Betamethasone valerate/ Mometasone/ Fluticasone/ Fluocinolone cream OD (clobetasol propionate NOT to be used)</li> <li>• Refer non-responders to higher center after 3 months</li> </ul>	Refer to higher center	<b>Tertiary Level</b> <ul style="list-style-type: none"> <li>• Same as in primary/secondary care</li> <li>• Oral PUVA/PUVAsoL</li> <li>• Whole body NbUVB</li> </ul>
<b>Universal vitiligo</b>	<b>Primary /secondary Level</b> <ul style="list-style-type: none"> <li>• Sunscreen/photoprotection</li> <li>• Refer to higher center</li> </ul>	Refer to higher center	<b>Tertiary Level</b> <ul style="list-style-type: none"> <li>• Sunscreen/photoprotection</li> <li>• Depigmenting agent like monobenzyl ether of hydroquinone 20% may be considered if patient wishes for complete depigmentation</li> </ul>
<b>Segmental vitiligo</b>	<b>Primary /secondary Level</b> <ul style="list-style-type: none"> <li>• <b>Face, flexures, genitals:</b> Tacrolimus 0.1% ointment BD</li> <li>• <b>Other body sites:</b> Betamethasone valerate/ Mometasone/ Fluticasone/ Fluocinolone cream OD (clobetasol propionate NOT to be used)</li> <li>• Refer non-responders to higher center after 3 months</li> </ul>	Refer to higher center	<b>Tertiary Level</b> <ul style="list-style-type: none"> <li>• Same as in primary/secondary care</li> <li>• Topical PUVA/PUVAsoL</li> <li>• Handheld NbUVB</li> <li>• Targeted phototherapy</li> <li>• Surgical management – minipunch grafting, suction blister epidermal grafting, noncultured epidermal suspension</li> </ul>

#### VITILIGO CAN BE TREATED. TREATMENT DEPENDS ON EXTENT AND ACTIVITY OF DISEASE