

STANDARD TREATMENT WORKFLOW (STW)

VITILIGO

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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




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


NON-SEGMENTAL VITILIGO			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	



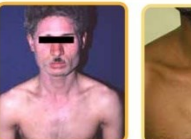
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GENERAL PRINCIPLES OF MANAGEMENT

- 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 (NB-UVB), 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	IMPORTANT COUNSELLING POINTS
<ul style="list-style-type: none"> • Leprosy <ul style="list-style-type: none"> • Hypopigmented, not depigmented macules • Overlying sensory loss • Enlarged peripheral nerves • Pityriasis alba <ul style="list-style-type: none"> • Hypopigmented scaly lesions usually on a child's face • Nevus depigmentosus <ul style="list-style-type: none"> • Present since birth or early childhood • Single hypopigmented macule/ segmental lesion 	<ul style="list-style-type: none"> • 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

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

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

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the website of DHR for more information: (stw.icmr.org.in) for more information. ©Department of Health Research, Ministry of Health & Family Welfare, Government of India.