STANDARD TREATMENT WORKFLOW (STW)

VITILIGO

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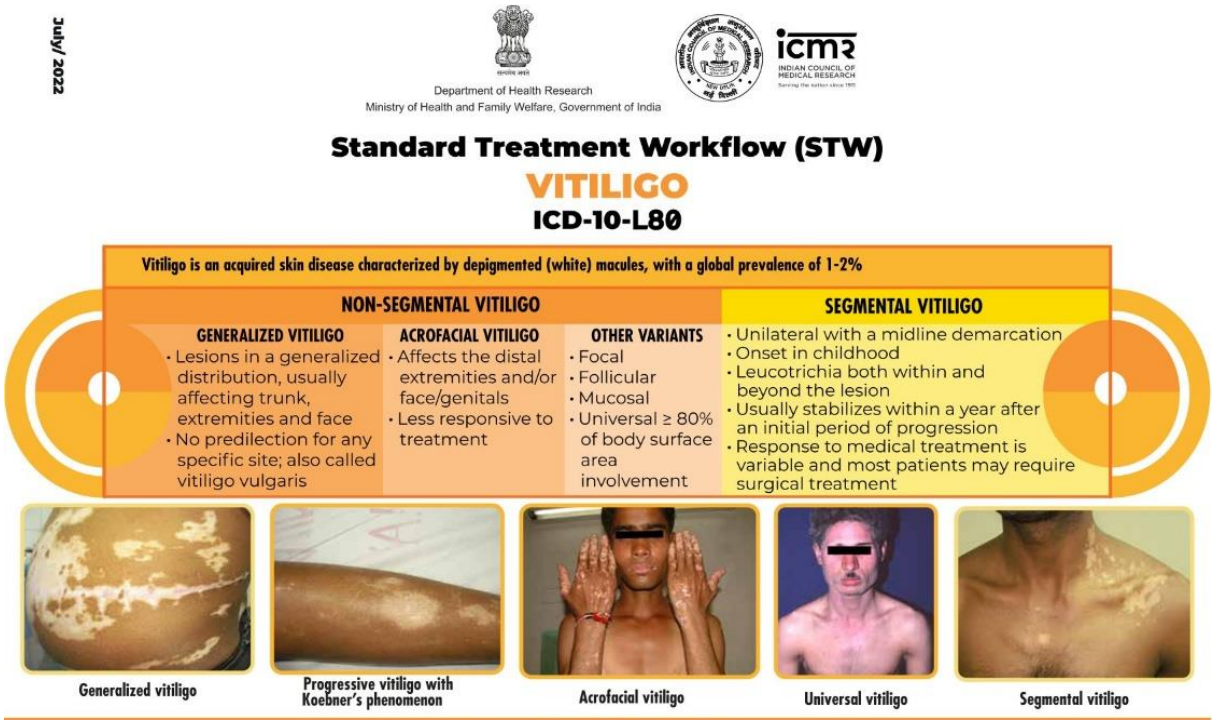

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Standard Treatment Workflow (STW)

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

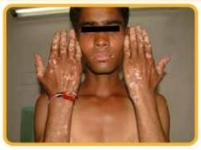
ACROFACIAL VITILIGO
- Affects the distal extremities and/or face/genitals
- Less responsive to treatment

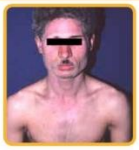
OTHER VARIANTS
- Focal
- Follicular
- Mucosal
- Universal ≥ 80% of body surface area involvement

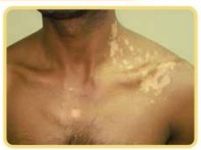
SEGMENTAL VITILIGO
- Unilateral with a midline demarcation
- Onset in childhood
- Leucotrichia both within and beyond the lesion
- Usually stabilizes within a year after an initial period of progression
- Response to medical treatment is variable and most patients may require surgical treatment


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 (≤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

		Primary /secondary Level	Tertiary Level
Acrofacial vitiligo	**Stable**	• **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	• Same as in primary/secondary care • Topical PUVA/PUVAsol • Handheld NbUVB • Targeted phototherapy/Excimer LASER • Surgical management – minipunch grafting, suction blister epidermal grafting, noncultured epidermal suspension
	Progressive	Refer to higher center	• Topical PUVA/PUVAsol/ Handheld NbUVB (slowly progressive) • Levamisole (slowly progressive) • Oral steroid (minipulse) and/or Azathioprine/Methotrexate (rapidly progressive)
Generalized vitiligo	**Stable**	• **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	• Same as in primary/secondary care • Oral PUVA/PUVAsol • Whole body NbUVB
	Progressive	Refer to higher center	• Oral PUVA/PUVAsol/ whole body NbUVB (slowly progressive) • Levamisole (slowly progressive) • Oral steroid (minipulse) and/or Azathioprine/Methotrexate (rapidly progressive)
Universal vitiligo		• Sunscreen/photoprotection • Refer to higher center	• Sunscreen/photoprotection • Depigmenting agent like monobenzyl ether of hydroquinone 20% may be considered if patient wishes for complete depigmentation
Segmental vitiligo		**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	• Same as in primary/secondary care • Topical PUVA/PUVAsol • Handheld NbUVB • 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