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DERMOSCOPY AND SKIN IMAGING

DERMOSCOPY AS AN EVOLVING TOOL TO ASSESS VITILIGO DISEASE ACTIVITY

Abhijeet Jha⁽¹⁾

Patna Medical College, Dermatology, Patna, India⁽¹⁾

Introduction: Differentiating vitiligo from other disorders can be difficult, especially during the early phase. Predicting disease activity, and response to therapy, have hitherto been dependent on the subjective perception of the patients and comparison of gross photographic records. Disease activity is considered to be the most important determinant of suitability for vitiligo surgery. Clinically, absence of any new lesions, and lack of expansion of old lesions have been considered signs and symptoms of stability. Dermoscopy promises to offer a non-invasive and more confident assessment of the aforesaid parameters.

Objective: To study the dermoscopic features of vitiligo and their correlation with disease activity and therapeutic response.

Material and methods: A retrospective clinico-dermoscopic analysis was done of 296 cases of vitiligo including stable, progressive or re-pigmenting cases. Dermoscopy was performed using Dermlite 4 dermoscope at 10× magnification in polarized mode and photographs were captured. The following dermoscopic variables were studied: perifollicular changes, perilesional changes, pigmentary network, presence of features such as leukotrichia, telangiectasia, and erythema, and any other specific features such as starburst appearance, comet tail appearance, or any other new findings.

Results: Follicular opening changes like perifollicular depigmentation (PFD) were highly predictive of stable vitiligo, whereas preservation of perifollicular pigmentation (PFP) was typical observed in progressive or active vitiligo. Star burst appearance, altered pigment network, comet tail appearance, and perilesional pigmentation were also noted and these were typical of active and unstable vitiligo. A new dermoscopic feature, the 'tapioca sago' appearance (sabudana) was observed by us in the skin adjacent to the vitiligo lesion only in patients with progressive vitiligo.

Conclusion: Dermoscopy is useful in assessing the stage of evolution and the status of disease activity in vitiligo. The most useful dermoscopic clues are observed in the perifollicular region, since active and progressive lesions display PFP and stable/remitting lesions display PFD.





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