



PIGMENTATION

A CASE OF SUCCESSFUL REPIGMENTATION OF FACIAL VITILIGO AFTER SUNBURN

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Background: Vitiligo is a chronic autoimmune disease that clinically is seen as depigmented macules on the skin, mucosa or hair. Various factors can provoke the disease. Up to 30% cases of vitiligo are due to sunburns. Treatment aim is to stop depigmentation, reach repigmentation and avoid relapses. The best results are observed when treating vitiligo on the face or chest at early stages. We present a clinical case of fast and long lasting repigmentation after combined treatment of facial vitiligo which developed after sunburn.

Observation: a 35-year-old female came to our Center due to the red “burning” patches on her face. A rash was noticed 1-week ago after she had a severe facial sunburn on her last day of vacation in Turkey. She was suspected by dermatologists to have a malar rash due to systemic lupus erythematosus and was referred for further investigation. Otherwise she was healthy and were taking no medicines. Physical examination revealed irregular reddish and smooth patches symmetrically on her both jowls (right 7,5x4,5cm and left 8x4,5cm) with translucent capillaries. Wood’s lamp examination showed unpigmented patches. Laboratory tests showed hypercholesterolemia and slight deficiency of copper. All immunologic factors were negative. Emollient and fluticasone propionate cream bid. were prescribed. After two weeks Wood’s lamp examination revealed repigmentation around the follicles. 1 % pimecrolimus cream q.d. was prescribed and 20 local UVB 311 nm phototherapy 3x per week was initiated. At 2-month follow-up, only few small whitish macules were seen. After 12 months, the patient was free of the disease.

Key message: Vitiligo after sunburn can mimic other autoimmune connective tissue dermatoses. Early recognition of vitiligo and appropriate combined treatment leads to successful repigmentation.

