PIGMENTATION

DERMOSCOPY AS A COST-EFFECTIVE TOOL IN PREDICTING MELAN-A STAINING IN PATIENTS WITH VITILIGO

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Background: Vitiligo is a disease that causes loss of epidermal melanocyte leading to depigmentation of the skin without any preceding inflammation. Pathophysiology still remains to be unknown. Repigmentation depends on the reservoir of melanocytes, which may be found in the follicular unit, border of the lesion, and remaining melanocytes in the depigmented lesion. Vitiligo is a clinical diagnosis hence histopathology is rarely needed, but when done, immunohistochemical staining such as Melan-A, MART 1, HMB 45, is requested to stain melanocytes. Dermoscopy is a non-invasive method used in assessing melanocyte population, which may help clinicians in the prognosis and treatment monitoring of patients with vitiligo.

Observation: The purpose of the study is to describe the difference between dermoscopic patterns of Vitiligo patients with Melan-A positive and negative staining and its correlation clinically and histopathologically. Ten punch biopsy specimens were taken from 10 patients with vitiligo. Sections were stained with hematoxylin-eosin and immunohistochemical staining such as Melan-a. Consent for photography, dermoscopy and biopsy were obtained. Among the ten vitiligo patients, five specimens were melan-a positive and five were melan-a negative. Of the 5 melan-a positive patients, 5 (100%) exhibited reduced pigment network, 5 (100%) starburst appearance, followed by 3 (60%) perifollicular pigmentation, 3 (60%) perifollicular depigmentation,3 (60%) comet-tail appearance, 3 (60%) intraperilesional erythema with telangiectasia, and 2 (40%) perilesional/marginal hyperpigmentation. Of the 5 melan-a negative patients, 5 (100%) showed absent pigment network, 3 (60%) perifollicular pigmentation and 2 (40%) perifollicular depigmentation.

Key Message: In our study, the main difference between dermoscopy of melan-a positive and melan-a negative patients lie between the reduction or absence of pigment network. No new dermoscopic patterns were observed but dermoscopy may predict the staining of Melan-A. This dermoscopic finding may be useful in management and monitoring response to treatment. A study with larger sample size is recommended.