



PIGMENTATION

HALO NEVUS EXCISION IN PATIENTS OF VITILIGO VULGARIS

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Background: Halo Nevi (Sutton nevi) are characterized by depigmentation surrounding a melanocytic nevus, forming a halo. They are 8 – 10 times more common in vitiligo patient. This is a marker of cellular autoimmunity against nested melanocytes of the nevi. The individuals having halo nevi have fewer acral and more central involvement.

Observation: 4 patients having halo nevus associated with vitiligo on phototherapy, with stagnant results underwent a halo nevus excision. The repigmentation and disease activity was studied for a period of 1 year after the procedure. 3 of 4 had extensive vitiligo with more than 20% of BSA involvement of which 1 had acro-facial involvement. 1 of the 4 patients had localized vitiligo with less than 5% of BSA involved. 3 of the 4 patients were stable at 1 year follow-up. 3 patients having extensive vitiligo underwent phototherapy after the excision. They also underwent MKTP for residual patches after 6 months of phototherapy. The 2 patients without acro-facial involvement achieved 100 percent repigmentation. However 1 patient without acro-facial involvement had a relapse and few of the patches on the face and the elbows reappeared. The patient with acro-facial involvement had complete repigmentation of her patches except the lips, finger tips, toes, palmoplantar surface. 1 patient having limited vitiligo was treated with medical line of treatment. They experienced no new lesions and 50 % improvement of the existing lesions.

Key message: An excision of halo nevi in patients of vitiligo can improve the outcomes of the vitiligo therapy. However the disease can still become unstable as its etiology is still ambiguous.

