

## VITILIGO AND INTESTINAL PARASITOSIS

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## Summary

Hundred patients with Vitiligo comprising of 58 males and 42 females and an equal number of control subjects comprising of 68 males and 32 females were studied. Stool examination done on two consecutive days showed total infestation percentage of 63 and 59 respectively in the two groups. There was no statistically significant difference in the individual infestation rate and total infestation rate in the two groups.

Most of the Indian clinicians believe that gastrointestinal disorders like chronic amoebiasis, and intestinal worms may be factors contributing atleast partially towards the causation of Vitiligo<sup>1,2,3,4,5,6</sup>. The present study has been conducted to evaluate whether intestinal parasites play any role in the development of vitiligo.

## Material and Methods :

One hundred patients with vitiligo and an equal number of control subjects suffering from other skin disorders like

pityriasis versicolor and tinea corporis were selected. Stool examinations were done in each case on two consecutive days.

## Observations and Results :

Table shows the percentage of intestinal parasitosis in vitiligo patients and the control group. 41% of vitiligo patients had ascariasis while in the control group it was seen in 34 percent. The difference was not statistically significant ( $P < 0.05$ ).

Table

	Total number of cases	Sex		Type of infestation						Total number of infested cases
		Male	Female	Ascaris Lumbri-coides	Giardia Cyst	Ankylo-stoma duoden-ale	Entam-oeba histoly-tica	Hy-meno-lepis nana	Mixed infesta-tion	
Vitiligo	100	58	42	41	8	2	2	3	7	63
Control	100	68	32	34	5	5	8	2	5	59

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The percentage of giardiasis was eight in Vitiligo patients and five in control group. Two percent of vitiligo patients and five percent of control group were suffering from ankylostomiasis. Amoebiasis was seen in two percent of Vitiligo patients and eight percent of control

group. In the stool of three percent of vitiligo patients *H. nana* was seen, its percentage in control group being two. Mixed infestation was seen in seven percent of Vitiligo patients and five percent of control group. The difference was not statistically significant ( $p < 0.05$ ).

#### Discussion :

Hypomelanosis and particularly vitiligo has often been attributed to intestinal infestations by many leading dermatologists of our country<sup>1, 2, 3, 4, 5</sup>. This factor has been considered by few of them to be so important that patients with vitiligo are treated with antihelminthic and antiamebic drugs. Behl et al<sup>8</sup> reported 16% of Vitiligo patients to be having their disease directly related to parasitic infestations. However this series, as well as those of others<sup>1, 2, 3, 4, 5</sup> seem to have an error of comparison with the control series. Keeping this lacuna in view, the present series has been compared with a control group. It is observed that the differences in total infestation rate of various parasites in both the series are statistically insignificant, indicating thereby possibility of trends of exaggeration of role of parasites as a causative or even contributory factor in vitiligo.

It has also been observed that the treatment of infestations does not have any relationship with repigmentation in Vitiligo. As intestinal manifestation

rate is very high in our country even upto hundred percent in certain population groups, it is natural to find the stools positive for one parasite or other in large percentage of subjects. Further there are contrary reports that worm infestations may lead to hyperpigmentation<sup>7</sup>. It is difficult to accept two extremely varied responses to a single etiological factor.

Our study indicates that there is no cause and effect relationship between intestinal infestation and vitiligo.

#### References :

1. Behl PN, Agarwal RS, and Singh G : Aetiological studies in vitiligo and therapeutic response to standard treatment. *Indian J Dermat*, 6: 101, 1961.
2. Levae MA : Study of certain contributory factors in the development of vitiligo in South Indian patients, *Arch Derm* 78:364, 1958.
3. Awachat AK, Sharma ML, and Rao MS: Vitiligo, *Indian J Dermat*, 5: 99, 1960.
4. Grover HD: Leucoderma, *Indian J Dermat*, 7: 126, 1962.
5. Velou A, and Santhanagopalan T: Serum transaminase in vitiligo, *Ind J Dermat*, 8 : 29, 1963.
6. Behl PN: Practice of Dermatology, Oxford Printcraft India Limited, New Delhi, 335, 1972.
7. Sahu KC: Clinical observation on the incidence of hypermelanosis in intestinal parasitic infection, *Indian J Dermat*, 2: 2, 1957.