

FLEXURAL VITILIGO

S Talwar, V D Tiwari, K Dash

Twenty seven years old sepoy presented with vitiligo lesions distributed along the areas predominantly involved in air borne contact dermatitis.

Key Words : Vitiligo, Air borne contactant

Introduction

Vitiligo is generally classified into localized (focal and segmental), generalized (acrofacial, vulgaris and universal) and mixed type as per distribution of the lesions. Precipitating factors are not apparent in majority of cases. Emotional factors, physical injury and sunburn are commonly implicated as the precipitating factors. Areas commonly involved are extensor aspects of knees, elbows, digits, periorificial areas, anterior tibial surface, flexor surface of wrist, axillae and lower back.¹ We report a case presenting with flexural distribution of vitiligo lesions.

Case Report

Twenty seven years old soldier first noticed depigmented lesions along neck in January 1992. In the following 3 months it spread to involve entire neck, both eyelids, retroauricular area, lips, perioral area, both axillae, cubital and popliteal fossae, and dorsum of fingers (Fig. 1). Eyes were normal. There was no past history of airborne contact dermatitis or sexually transmitted disease. No other family member had vitiligo. His occupation



Fig. 1. Distribution of vitiligo lesions. Note depigmentation of eyelids, neck and cubital fossae.

did not involve contact with known chemical depigmenter. Patch tests with parthenium, xanthium and rubber chappal material were negative. Skin biopsy from the lesion revealed absence of melanin from basal cell layer and few mononuclear cells around blood vessels. Treatment with PUVA, topical and systemic steroids did

From the Department of Dermatology and Venereology, Base Hospital, Lucknow - 226 002, India.

Address correspondence to : Lt Col S Taiwar

not induce repigmentation even after 12 months.

Discussion

In vitiligo location of lesions predominantly over extensor aspect possibly represents Koebner phenomenon. The sites involved in the present case are strikingly similar to those seen in cases of airborne contact dermatitis. Contact depigmentation resembling vitiligo has been produced by contact with phenol and sulphhydryl compound. Production of vitiligo by contact with such compounds has supported self destruction hypothesis of pathogenesis of vitiligo.

Possibly the precipitating factor, in view of distribution of lesions in the present case, was airborne contactant which initiated the process of melanocyte destruction without causing inflammatory lesions of contact dermatitis as seen many a times in bindi, rubber chappal and toothpaste induced contact depigmentation. However, we were not able to identify the nature of contactant if any.

Reference

1. Mosher D B, Fitzpatrick T B, Ortonne J P, et al. disorders of pigmentation. In: *Dermatology in general medicine*, (Fitzpatrick T B, Eisen A Z, Woff K, et al, eds), 3rd edn. New York : McGraw Hill, 1987; 794-876.