

CLINICAL PROFILE OF VITILIGO IN NORTH INDIA

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A clinical analysis of 150 patients having vitiligo revealed the incidence among new patients to be 1.25%. The male/female ratio was 1.3 : 1. Patients below the age of 30 years constituted 85%. Family history of vitiligo was available in 24%. The different morphologic patterns consisted of vitiligo vulgaris (90 cases), vitiligo arcata (22 cases), vitiligo acro-facialis (11 cases), vitiligo universalis (11 cases), vitiligo mucosae (9 cases), and vitiligo zosteriformis (7 cases). Association with diabetes mellitus (5 cases), alopecia areata (4 cases), Hashimoto's thyroiditis (1 case) and pemphigus vulgaris (1 case), was observed.

Key words : Vitiligo, Clinical analysis.

Epidemiological and clinical study of vitiligo is important so as to establish its pattern in different parts of the country. Study of family history, precipitating factors preceding the onset of vitiligo and correlation with other cutaneous and systemic disorders facilitates further studies on its aetiopathogenesis.

Materials and Methods

In 150 vitiligo patients, a detailed history was elicited with reference to family history, precipitating factors, age-at-onset, presence of associated complaints like burning, itching, photo-sensitivity and cosmetic disability, and any other associated cutaneous or systemic illness. Trichrome vitiligo and halo nevus were specially looked for. Each case was classified into recognised patterns of vitiligo namely vitiligo arcata, vitiligo zosteriformis, vitiligo acro-facialis, vitiligo mucosae, vitiligo vulgaris and vitiligo universalis.¹

Results

Incidence of vitiligo among the new patients was 1.25%. There were 85 males and 65 females (male/female ratio 1.3 : 1). Majority (85%) of

the patients had age-at-onset within first three decades of life. The lowest age-at-onset was 11 months and the highest 83 years, the mean being 17.9 ± 13.2 years. Thirty six (24%) patients had a positive family history of vitiligo. Four patients had more than one relative afflicted with vitiligo.

Emotional crisis, trauma and febrile illnesses were recorded in 9 (6%), 8 (5.33%) and 7 (4.67%) cases respectively. Three (4.62%) female patients attributed the onset of lesions to pregnancy. Burning, itching and photo-sensitivity as presenting complaints were observed in 11 (7.33%), 28 (18.67%) and 9 (6%) cases respectively. Emotional disturbances in consequence to depigmentation were observed in 60 (40%).

Vitiligo vulgaris was the commonest (60%) morphologic pattern. Twenty two (14.67%) had vitiligo arcata and eleven (7.33%) patients each had vitiligo acro-facialis and vitiligo universalis. Vitiligo zosteriformis constituted only 7 (4.67%) patients. The courses of the disease was progressive in 80 (53.33%) and stationary in 70 (46.67%) cases at the time of reporting. Halo nevus (5 cases), alopecia areata (4 cases), DLE (1 case) and pemphigus vulgaris (1 case) were associated with vitiligo in the present study. Concomitant association of diabetes mellitus and thyroiditis with vitiligo was observed in 5 and 1 patients respectively.

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Comments

Only a few studies are available on the epidemiology of vitiligo from the urban population.²⁻⁵ The incidence of 1.25% is in agreement with most other reports from different parts of the country.²⁻⁵ Male preponderance over the females has also been reported earlier,^{2,8} though not uniformly.^{7,8} The large majority (85%) of patients had onset of disease within 1st, 2nd and 3rd decades, similar observations were reported by other investigators.^{2,3,9} Thirty six (24%) patients gave a positive family history compared to 6.25 to 21.8% reported earlier.^{5,10} Precipitating factors triggering the onset were recorded in 27 (18%) cases. Lerner¹¹ found that 39% of his patients had emotional problems prior to the onset and another 30% attributed the disease to physical trauma, sun burn, major illnesses and pregnancy. Dutta and Mandal² observed antecedent causes like trauma, itching etc. in 40.75% and emotional upset in 8.25%. Other workers found local causes like friction and constant pressure as significant factors.^{2,12} In our study also, waist band (9 cases), collar area (4 cases) and shoulder straps (1 case) were the specific pressure areas afflicted with vitiligo. One case showing typical Koebner phenomenon in the form of linear vitiliginous lesion over scratch marks was also observed. Itching and burning sensations as presenting complaints, and emotional disturbances due to cosmetic disfigurement have been reported by other workers also.^{9,11,12} The other auto-immune diseases seen in our patients included diabetes mellitus (5 cases), alopecia areata (4 cases), and one case each of DLE, thyroiditis and pemphigus vulgaris.

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