## **Case Letter**

# Follicular vitiligo: A rare presentation of vitiligo

### Sir,

Leukotrichia is known to occur in vitiligo and usually follows the appearance of depigmented macules and is limited to the extent of the macules. It is a marker of disease progression and usually portends a poor prognosis for repigmentation. Follicular vitiligo is a recently proposed subtype which primarily involves the melanocyte reservoir in the hair follicle prior to affecting the epidermis. A 9-year-old South Indian boy presented with greying of hair all over the body followed by multiple depigmented macules over the face and trunk for 1 year. There was no personal or family history of premature greying. Typical depigmented macules of vitiligo with trichrome sign were present over the face and upper back [Figure 1]. The depigmented macule over the forehead extended into the scalp with associated leukotrichia. Leukotrichia was seen over the macules and over normal-appearing skin [Figure 2]. Dermoscopy also confirmed the absence of perifollicular depigmentation around the affected greyish-white hair follicles. Thyroid



Figure 1: Generalized leukotrichia with typical depigmented macules of vitiligo over trunk which appeared later

function tests were normal. Biopsy from a depigmented hair follicle over the normal appearing skin revealed absence of follicular melanocytes which was further confirmed by Masson Fontana staining [Figure 3]. The surrounding skin had normal melanocyte density. There was no evidence of perifollicular inflammatory infiltrate. Hence, the diagnosis of leukotrichia was confirmed. He was started on whole-body narrow-band ultraviolet B phototherapy, but as he was irregular with treatment, he was able to receive only around six sittings over 4 months and then ultimately lost follow-up with us. There was no appreciable repigmentation noticed in either the depigmented macules or the depigmented hairs. Follicular vitiligo is a rare subtype of vitiligo, reported only in eight patients till now to the best of our knowledge.<sup>1,2</sup> All the previous reported cases presented with significant generalized leukotrichia prior to the appearance of vitiliginous macules similar to this case. Coincidentally all eight cases were males and a family history of premature greying was present in three of them. Peripubertal age of onset was noted in three patients. One patient also had alopecia areata.<sup>1</sup> Preliminary observations suggested that follicular vitiligo could be a bridge between alopecia areata and vitiligo because the canities subita in alopecia areata resembles the diffuse greying in follicular vitiligo. Some consider it to be a forme fruste of alopecia areata. Our patient did not have any patches of alopecia. It has been suggested through molecular studies that epidermal and follicular melanocyte reservoirs function as two independent units and are antigenically distinct. Follicular vitiligo emerging as a new entity reinforces this finding. Perhaps follicular vitiligo and alopecia areata share a common follicular melanocyte autoantigen against which immune response is directed which could explain the preferential loss of pigmented hairs in the latter.<sup>2</sup> Long-term



Figure 2: Generalized leukotrichia over the arm in the absence of associated depigmented macules



Figure 3: Absent melanocytes in the hair follicle with retained melanocyte density of the surrounding skin (Masson Fontana stain,  $\times 10$ )

outcome of these patients remains uncertain. This subtype of patients would theoretically have poorer prognosis for repigmentation as the hair melanocyte reservoir itself is lost prior to interfollicular involvement.

#### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

Financial support and sponsorship Nil.

#### **Conflicts of interest**

There are no conflicts of interest.

# Divya Kamat, Nagendran Prabhakaran<sup>1</sup>, Munisamy Malathi<sup>2</sup>

Department of Dermatology, Venereology and Leprology, PGIMER, Chandigarh, 'Department of Dermatology, Venereology and Leprology, AIIMS, Amaravati, Andhra Pradesh, <sup>2</sup>Department of Dermatology, Venereology and Leprosy, JIPMER, Puducherry, India

> Correspondence: Dr. Munisamy Malathi, Department of Dermatology, Venereology and Leprosy, JIPMER, Puducherry, India. E-mail: mmalathi.dr@live.com

#### References

- Ezzedine K, Amazan E, Séneschal J, Cario-André M, Léauté-Labrèze C, Vergier B, *et al.* Follicular vitiligo: A new form of vitiligo. Pigment Cell Melanoma Res 2012;25:527-9.
- Gan EY, Cario-André M, Pain C, Goussot JF, Taïeb A, Seneschal J, et al. Follicular vitiligo: A report of 8 cases. J Am Acad Dermatol 2016;74:1178-84.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online	
Quick Response Code:	Website:
തരാലത	www.ijdvl.com
	DOI: 10.4103/ijdvl.IJDVL_313_18
国际规制	

How to cite this article: Kamat D, Prabhakaran N, Malathi M. Follicular vitiligo: A rare presentation of vitiligo. Indian J Dermatol Venereol Leprol 2019;85:414-5.

Received: May, 2018. Accepted: February, 2019. © 2019 Indian Journal of Dermatology, Venereology and Leprology | Published by Wolters Kluwer - Medknow