Patient Education & information material for Common Dermatological conditions, including FAQs.

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Dear members'

Here is the 'Patient Education material' along with FAQs for Common Dermatological conditions. It is an endeavor of IADVL to educate, inform, alleviate and clarify the facts and myths that prevail in the general public. This document was compiled under the guidance of 'IADVL Academy of Dermatology' by Dr. K.H .Basavaraj and Dr. G.R.Kanthraj for ten common dermatological conditions.

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Allergic Contact Dermatitis

Human skin is exposed to various allergens in form of various chemicals which are used in day to day activities or occupation. Several plant and animal products like wool, leaves and grains can trigger allergic contact dermatitis. The following are the common allergens.

a) **Metal allergens:** Indian culture, customs and practice since ancient times use various metals in form of jewellery. Commonest metal allergen to cause skin allergy is nickel. Ear lobes, nose, ankle are commonest sites for jewellery that make them vulnerable for the allergy. Foot wear, textile, plastic, cement and rubber can cause allergy.

b) **Dermatitis from topical medicaments:** indiscriminate use of various topical preparations without consultation of dermatologists or using prescription given to someone else or self medications can cause skin allergy.

c) **Plant and parthenium dermatitis:** commonest occupation in India is agriculture. Indian farmers are exposed to parthenium weed that belongs to composite family popularly known as congress grass. It causes contact hypersensitivity over face and arms. Patients use crude extracts of various plant leaves like neem over face and extremities which can cause ACD.

d) **Cosmetic dermatitis:** various cosmetics like lipstick, lip salvage, nail polish, facial creams, toothpaste, and mouth wash can trigger ACD. There will be preservatives and additives that can trigger allergy. In India, kumkum (bindi) worn by women causes ACD.

e) **Hair dye dermatitis:** In modern era awareness and consciousness for ones appearance has resulted in discriminate usage of hair dye to mask grey hair. Itching and discoloration of hair, forehead, pigmentation over nape of neck, photo sensitivity are the commonest symptoms. Para phenylenediamine (PPD) present in hair dye triggers ACD. Patients give history of using hair dye since several years before these symptoms. Usually patients will not be aware of this allergy as it takes a very long time to manifest.

f) **Sun light allergy:** Redness, burning sensation over the face on exposure to sunlight and sense of relief when one goes to shade is characteristic of sunlight allergy. These patients have to cover their forearms, wear full sleeved clothing and use umbrellas to avoid sunlight. Sunscreens are very helpful. However, they have to consult their nearest dermatologist who would be helpful to advice regarding the appropriate sunscreens for their skin.

Preventive measures:

Consult your nearest dermatologist, who can suggest appropriate sunscreens, moisturizers, cosmetics that can beautify skin without any adverse reactions.

Do not use medicines advised to friends or relatives.

Patch testing: ACD is cured by avoiding the causative allergen.

To identify the suspected allergen, dermatologist will advice a procedure called patch testing. Suspected set of allergens are applied over the patient's back. They are removed after 48hours and reading is taken. 2nd reading is taken after 96hours. If patient is allergic to any of the applied allergen there will be a positive reaction. So, allergen is identified and there by patient can avoid them.

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FAQ – Allergic Contact Dermatitis

1. Why I develop Allergic contact Dermatitis?

A. Frequent exposure to various allergens in day to day life results in sensitization of the skin and causes allergic contact dermatitis.

2. What are the common substances that can trigger ACD?

A. Hairdyes, kumkum, bindhi, cosmetics, gloves, ornaments, soaps and detergents, footwear, textiles etc that are used frequently in day to day usage can cause ACD.

3. What tests are available to confirm ACD?

A. Patch testing identifies the allergen responsible for ACD. It is simple and cost effective test.

4. What preventive measures to be taken for ACD?

A. Suspected allergens have to be avoided. Contact your nearest dermatologist who can advise you on ACD.

5. How will I know that I developed ACD?

A. Itching, burning, oozing are the commonest symptoms of ACD.

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Acne vulgaris

- It is usually called 'pimples' and appears more commonly in adolescence
- Acne involves the sebaceous glands over the face.
- Skin coloured solid raised lesions appear on and off over the face.
- They can get infected resulting in pus filled lesion.
- Comedones are common and they can be black heads or white heads.
- Sex hormones (estrogen and progesterone androgens) are the circulating chemical substances, that influence the growth of sebaceous glands and its secretions
- There is no relation between the onset of acne and consumption of food items and oils.
- Apart from face, they can present over chest, back and thighs
- Most common complications following acne is pigmentation and scarring.
- Various antibiotic creams like Erythromycin, Azithromycin, Clindamycin and comedolytics like Benzyl peroxide, Retinoic acids, Adapelene with various concentrations are available for its treatment.
- Pigmentation following acne can be managed with various skin lightening creams.
- Surgical procedures like acne scar revision are done to minimize the post acne scar.
- The acne should not be manipulated or pricked, and any creams given by friends or chemist or any home remedies should not be applied over the acne. Acne is an age related problem. It should not be considered as a disease and do not worry about the condition as stress increases the problem and good treatment options are available.
- Please contact your nearest dermatologists who can advice appropriate treatment and adhere to his instructions.

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FAQ – Acne

1. Why do I get Acne?

A. Acne develops commonly over the face. Chest, back and thigh are also involved. The circulating chemical substances called hormones will influence the growth of sebaceous glands and its secretions. Infection and blockage of sebaceous ducts will result in the development of acne.

2. What foods do I need to avoid?

A. There is no definite relationship between acne and diet. However, high glycemic loads, dairy products, and refined sugar products can flare. One need not be anxious on this issue.

3. I get acne frequently, is there a hormone defect in me?

A. There should not be any anxiety. Acne although more frequent in adolescents it can appear in any age group. A dermatologist can examine and treat accordingly.

4. I have acne, pigmentation and scar over the face. Will it be treated?

A. Acne causes pigmentation and scarring. Topical antiacne and skin lightening agents are available that can effectively treat acne and pigmentation. Surgical procedures to correct acne induced scars are available. Well trained dermatologists practice these surgical procedures.

5. I get acne from several years. What I should do?

A. Acne causes remissions and exacerbations. Your dermatologist should have advised maintenance anti acne treatment that you need to take. Please adhere to his advice. Do not stop the treatment.

6. My neighbour had suggested creams for the management of acne. Shall I follow the advise?

A. It is one of the commonest mistakes followed by the public that results in unscientific and undesirable response. These creams contain steroids in various strengths. The temptation to use such creams is due to the immediate temporary relief observed over the

applied areas. Sustained use of these steroid based creams result in topical steroid-dependent face (TSDF). It means there will be reddish discolouration over the face with severe itching and burning. Multiple white patches and wrinkles can appear. There can be pus filled lesions and increased unwanted hair growth over the applied areas of skin. Public are advised to be careful and not to accept such suggestions from unqualified persons.

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Fungal infection of skin

Common fungal infection that affects superficial skin layer is called *Tinea* (popularly known as Ringworm). It is not caused by a worm. It is caused by a fungus, which live and spread on the upper layer of the skin and hair.

They grow best in warm, moist areas, such as body folds and contagious. It spreads when you have skin-to-skin contact with a person or animal that has it. It can also spread when you share things like towels or clothing. Tinea occurs in people of all ages.

Tinea of the skin usually causes itchy rash, shape of a ring a small area of infected skin tends to spread outwards. It typically develops into a circular, red, inflamed patch of skin. The outer edge is more inflamed with scaling than the paler centre.

Tinea of the foot looks like athlete's foot. The skin on the palm of the hand gets thick, dry, and scaly. Skin between the fingers may be moist and have open sores.

If you have a ring-shaped rash, you are likely to have tinea. Your dermatologist will be able to collect the scrapings from the rash under a microscope to check for the fungus.

Treatment with topical antifungal cream or oral antifungal tablets responds well. Your rash may clear up soon after you start treatment, but it's important to keep use the cream for up to four weeks. This will prevent the recurrence of fungal infection. If the cream doesn't work, your doctor can prescribe pills that will kill the fungus.

Prevention of **fungal infection**:

- Don't share clothing or towels.
- Wear slippers or sandals in locker rooms and public bathing areas.
- Wear loose-fitting cotton clothing. Change your socks and underwear at least once a day.

- Keep your skin clean and dry. Always dry yourself completely after showers or baths.

  You do not need to stay off work or school once treatment has started. To prevent passing on the infection, do not share towels. Also, try not to scratch the rash, as this may spread the fungus to other areas of your body. If you or someone in your family has symptoms, it is important to treat other family members.

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FAQ – Fungal infections

1. What is Ring worm?

A. It is called Tinea infection caused by fungus. It can occur on any part of skin, hair and nails associated with itching.

2. Are fungal infections contagious?

A. Yes, like virus and bacteria, fungal infections are contagious. They can spread from sharing clothing, combs and footwear.

3. Who are at risk of developing fungal infection?

A. Unhygienic personal habits, underlying medical conditions such as diabetes and patients on chemotherapy/HIV-AIDS.

4. Can I use preparations advertised in the market?

A. No, various preparations are in the market that claims to be effective for fungus. However these preparations can cause irritation therefore consult your nearest dermatologist who will advise suitable antifungal preparations like clotrimazle, ketoconazole, terbinafine etc. that are safer and effective.

5. How long do I need to apply these antifungal preparations?

A. Ideally antifungal preparations are to be used for 3–4 weeks. However it has to be used for longer duration when fungus affects the hair and nails. Consult your nearest dermatologist who can advise on appropriate antifungal preparation and its duration of use.

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Hair and Nail care

Common causes of hair loss are nutritional deficiency, certain medications, stress and strain, chronic disorders like thyroid dysfunction, diabetes mellitus and underlying prolonged illness. In India women suffering from longstanding illness like prolonged fever, typhoid and malaria are prone to suffer from hair loss. Iron deficiency anaemia due to improper diet, menstrual loss, pregnancy and lactation can further worsen the hair loss. Hormonal imbalance also leads to hair loss. In children due to nutritional deficiencies and worm infestations have resulted in hair loss and premature greying.

Crash diet and junk food also affects hair. Dandruff -excessive scaling of flakes over the scalp will result in hair loss. Improper hair care practises like (hair strengthening curling, perming, colouring and styling) can result in hair loss.

Hair care

Regular and proper nutritional food, a balanced diet containing adequate carbohydrate, protein, fat, minerals with appropriate healthy exercise will keep hairs healthy.

Personal hygiene and hair care practices like regular oil massage for the scalp and shampooing, combing of the hair, daily bath and conditioning.

A proper treatment for any infections like furuncles (boils) and fungal infection needs to be taken for better hair care.

Avoid using crude extracts of oil, flowers and herbal preparation over the scalp. Please consult your nearest dermatologist for more tips on hair care.

Nail care

Nails are exposed to external environment in day to day activities, prone for trauma and recurrent viral, bacterial and fungal infections. In children nail biting is common. Regular manicure and pedicure practice offers protection against the infections. Nails reflect the health and well being of an individual. Nutritional deficiency and prolonged illness can affect the nails. Washing the

hands and personal hygiene, regular nail trimming provides a good care for the nails. Please consult nearest dermatologist if you notice discoloration of nails or brittleness since it can be due to fungal infection.

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FAQ – Hair Loss

1. What are the common causes for hair loss?

A. Stress, nutritional deficiencies, underlying chronic medical disorders like – thyroid and diabetes, malignancies, acute fever, worm infestations and acid peptic ulcers.

2. Does change in places affect my hair?

A. Climatic conditions and water do not influence hair loss.

3. Who are the Persons prone for hair loss?

A. Crash diet, poor nutrition, alcoholism, smoking, prolonged illness, faulty hair care practices and hereditary factors contribute for hair loss.

4. Will there be increased hair loss during pregnancy and lactation?

A. Yes, there will be increased hair loss during that period however it is reversible.

5. How does a dermatologist treat hair loss?

A. A dermatologist will evaluate and investigate the cause and treat it specifically. Several topical and systemic preparations are available. Consult your nearest dermatologist for appropriate treatment.

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Melasma

Melasma also known as chloasma is a dark or brown discoloration commonly seen over cheeks, forehead, nose and upper lip. It is also known as mask of pregnancy.

Melasma can affect anyone, but more common in women especially pregnant women. It is related to external sun exposure, hormones like birth control pills and internal hormonal changes as in pregnancy.

Three types of common facial patterns have been identified Centro facial (center of the face), malar (cheek bones), mandibular (jaw bone). Facial discolorations of any cause have significant impact on the quality of life and the effect is on self-perception and self-presentation.

Melasma of pregnancy usually fades away within a few months of delivery. Sometimes melasma may be preventable by avoiding sun exposure.

Sun screen can be used to prevent sun exposure. Various treatment options like sunscreens, topical de-pigmenting agents or skin lightening agents and other procedures like chemical peelings, micro dermabarasion are available.

Although melasma tends to be a chronic disorder with periodic ups and downs, the prognosis for most cases is good. Just as melasma develops slowly, clearance also tends to be slow.

The gradual disappearance of dark spots is based on establishing right combination of treatment for each individual skin type, which can be done by a dermatologist.

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FAQs – Melasma

1. What are the causes for melasma?

A. Multifactorial – Hormonal, familial and sunlight.

2. What are the various treatment options available for melasma?

A. There is a rapid advancement in the treatment options for melasma, it ranges from topical skin lightening agents, chemical peels, surgical modalities. Consult your nearest dermatologist who will assess and advice appropriate treatment.

3. Are there any fairness creams available?

A. Avoid self medications, some of the fairness creams may contain chemical preparations that may harm the skin. Ask your dermatologist before using any cream over the face.

4. Whether Melasma is going to spread all over the face?

A. Mostly it is confined to initial areas of involvement; however the intensity of color may vary. In some cases it can spread to other areas of face.

5. Is melasma curable?

A. There has been recent advances of newer chemicals that are effective in reducing melasma. Maintenance treatment is the most important. A dermatologist will decide regarding the initial and maintenance depending on severity of involvement. Please consult your nearest dermatologist.

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Psoriasis

Psoriasis is a chronic skin condition characterized by an unpredictable course of remissions and relapses and presence of solid elevated patches with loose silvery scales at typical sites like scalp, elbows, knees, outer aspect of limbs, palms and soles. There is frequent nail and joint involvement.

Exact cause for psoriasis is unknown but many factors have been incriminated. About 30% of people with psoriasis have a family history of the condition, and certain genes have been linked to psoriasis. However, the condition will only appear if it is triggered by an environmental factor. Triggers may include stressful life events, infection with certain viruses and bacteria, skin injury, or reactions to certain medications.

Adaptation to living with a disease is a broad term which encompasses a range of phenomena, including quality of life, emotional well being, good self-esteem, acceptance of life with a disease, social participation and fulfillment of social roles. In chronic diseases, such as psoriasis, affected individuals need to develop psychological mechanisms enabling them to adapt to the disease in the best way possible.

Psoriasis can have a significant impact on the quality of life of those who are afflicted due to chronicity of the disease and frequent remissions and relapses. There are many topical and systemic medicines taken internally to treat psoriasis and psoriatic arthritis. Phototherapy is another treatment option and there are practical ways to care for the skin that may help to remove psoriasis scales, improve the skin's ability to move and bend or to make the skin feel better. Treating psoriasis is critical to good disease management and overall health. Work with dermatologist to find a treatment—or treatments—that reduce or eliminate your symptoms. What works for one person with psoriasis might not work for another. So it's important to know the different treatment options and keep trying until you find the right regimen for you.

Recent advances in the understanding of the cause of psoriasis have led to the development of new, genetically engineered, targeted therapies for this condition. Still, reassurance and emotional support are invaluable. Physical

and mental rest may enhance the effects of the specific management of acute episodes.

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FAQs- Psoriasis

1. Is psoriasis a rare disease?

A. Psoriasis is a common and recurring skin condition affecting 2% - 3% of the population.

2. What causes Psoriasis?

A. Psoriasis is a multifactorial genetic disease. About 30% of people with psoriasis have a family history of the condition, and certain genes have been linked to psoriasis. However, the condition will only appear if it is triggered by an environmental factor. Triggers may include stressful life events, infection with certain viruses and bacteria, skin injury, or reactions to certain medications.

3.Is psoriasis contagious ?

A. Psoriasis is not contagious. It cannot be caught from touching someone who has the condition, swimming in the same pool, sharing towels, or eating food prepared by a person with psoriasis.

4. How about diet?

A. Diet is thought to play only a small role in psoriasis. In general, a well balanced diet is advisable in people with psoriasis, just as it is in everyone.

5. Is psoriasis incurable?

A. The treatment of psoriasis should be individualized and depends on patient and disease factors. Treatment is concerned with control rather than cure. Psoriasis can be managed with sustained judicious use of various treatments.

6. Any alternative treatments exists that can cure psoriasis?

A. No conventional and alternative treatments exists that can cure psoriasis.

7. What is the role of climate and sunlight?

A. Hot, humid environments tend to make bad cases of psoriasis worse. In contrast, sunlight and dry, sunny climates, as a rule are helpful - particularly in mild cases.

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Pyoderma

Pyoderma means any skin disease with pus filled lesions. These include superficial bacterial infections such as impetigo, impetigo contagiosa, ecthyma, folliculitis, Bockhart's impetigo, furuncle, carbuncle, tropical ulcer.

Pyoderma is caused by the bacterial infection. It results in a painful swollen area on the skin caused by an accumulation of pus and dead tissue.

Most human infections are due to staphylococci, notable for the bacteria's ability to produce coagulase, an enzyme that can clot blood. Almost any organ system can be infected by S. aureus.

Skin infections tend to be recurrent in many patients and often may spread to other family members. Systemic factors that lower resistance commonly are detectable, including:-diabetes, obesity, disorders, malnutrition and immunosuppression.

Sign & symptoms – they present as bumpy, red, pus-filled lumps around a hair follicle that are tender, warm, and very painful. They range from pea-sized to golf ball-sized. A yellow or white point at the center of the lump can be seen when the boil is ready to drain or discharge pus. In a severe infection, an individual may experience fever, swollen lymph nodes, and fatigue. Treatment includes topical and systemic antibiotics. If untreated, it can lead to serious complications.

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FAQ - PYODERMA

1. Are these infections contagious?

A. Yes these infections can be passed among family members through using same towels and touching the wound.

2. Pyoderma occurs in all age groups?

A. Yes, it can occur in all age groups. But it is recurrent in Middle age group, in diabetics, poor hygiene and in immunosuppression.

3. It occurs more in males or females?

A. Occurs more commonly in males.

4. Is it easily treatable?

A. Yes, it can be treated easily with topical antibiotics and systemic antibiotics for 5 days.

5. When should we visit the doctor?

A. When red nodules associated with pain, pus and fever occur recurrently every month.

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Scabies

Scabies is one of the commonest contagious skin diseases that can affect any age group and socio economic class. Over crowding, poor environmental hygiene and poor personal health habits can contribute for the spread of this infection. It is caused by a parasite - itch mite that harbours in the human skin. Hostels, lodges are commonly infested with this disease.

Female itch mite burrows and lays its eggs in the superficial layer of skin (stratum corneum). The average life span of itch mite is about 30 days. Common sites affected are hands, wrists, elbows, feet and ankle. On an average there are about 10-12 itch mites are present in an affected individual.

Itching occurs typically in the night and it is the commonest symptom. It can be associated with bacterial infections (pyoderma) that require early treatment and if neglected the infection can affect kidneys.

All family members of the affected individuals are to be treated. The bed linen, clothes including the inner wear have to be washed with hot water. Hygiene is important. Anti scabicidal creams like permethrin, gama benzene hexachloride (lindane) and Benzyl Benzoate have to be used overnight application after a scrub bath. It has to be applied all over the body, excluding face and head, like a paint. The application should be present all over the body and left for the whole night. Then next morning it should be washed off during bathing.

If you or your family members are having itch during the night, please contact your nearest skin specialist who can advice appropriate treatment.

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FAQ – Scabies

1. Is scabies contagious?

- One of the commonest contagious skin diseases that can affect any age group and it can affect irrespective of socio economic class.

2. Who gets scabies and what are its predisposing factors?

- It is caused by a parasite - itch mite that harbours in the human skin. Over crowding, poor environmental hygiene and poor personal health habits can contribute for the spread of this infection. Poorly maintained hostels, lodges are commonly infested with this disease.

3. How do I know that I am suffering from scabies?

- Common sites affected are hands, elbows, feet and ankle. Itching occurs typically in the night and it is the commonest symptom. It can be associated with bacterial infections (pyoderma) that require early treatment.

4. What are the Hygienic measures I need to take along with the treatment of scabies?

- Hygiene is important. All family members of the affected individuals are to be treated. The bed linen, clothes including the inner wear have to be washed with hot water.

5. What happens if Scabies is neglected?

- Early consultation and treatment are important. Neglected cases of scabies can lead to bacterial infections (pyoderma) that if untreated progress to affect and damage the kidneys.

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Viral Infections

There are many viral infections ranging from the common to the rare, from the mild to the severe and from those causing just skin infection to those with associated systemic disease.

Nonspecific viral rash

This is a widespread reddish rash sometimes seen in viral infections. It is accompanied by the common symptoms of a viral infection, such as fever and headache. The rash develops rapidly and appearance of rash varies.

Local viral infections

Herpes simplex

- Primary infection occurs through a break in the mucus membranes of the mouth or throat, via the eye or genitals or directly via minor abrasions in the skin.
- Initial infection is usually asymptomatic, although there may be minor local vesicular lesions.
- Reactivation of latent virus leads to recurrent disease

Herpes zoster

A person should be affected by chicken pox prior to get Herpes zoster. It appears as unilaterally distributed, grouped and fluid filled lesions. It is associated with pain and burning sensation.

Molluscum contagiosum

This is a skin infection caused by a DNA pox virus that affects both children and adults. Transmission is usually by direct skin contact and has occurred in contact sports and by sharing baths, towels and gymnasium equipment. Outbreaks in schools are well recognized. Autoinoculation produces linear shiny or skin colour lesions.

Warts

Warts are caused by human Papillomavirus. Common warts appear as papules and nodules with a keratotic or rough surface. They occur anywhere but are most common on the hands in young people and children.

Other types include: *Filiform warts* - these are small finger-like warts consisting of hyperkeratotic projections.

Viral infections that produce rashes

There are a number of viral infections that may cause a rash - most of them typically in childhood. Examples include:

- Measles.
- German measles (rubella).
- Chickenpox
- Fifth disease (erythema infectiosum)
- Roseola
- Pityriasis rosea
- Echovirus and adenovirus infections
- Epstein Barr virus of infectious mononucleosis
- Primary HIV infection

Other viral infections with skin involvement

Hand, foot and mouth disease

- Herpes gladiatorum

- The name implies association with martial arts. In association with rugby it is called 'scrum pox'.
- Transmission is primarily by direct skin-to-skin contact and abrasions may facilitate a portal of entry. The majority of lesions occur on the head or face, followed by the trunk and extremities.

- A prodromal itching or burning sensation is followed by clustered vesicles on an erythematous base which heals with crusts over about 1 to 2 weeks. Less often, headache, malaise, sore throat and fever may be reported.

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FAQ – Herpes, Varicella and Zoster

- 1. Are Herpes, Varicella and Zoster contagious?
- A. Yes, they are contagious – can spread from one person to another. They are communicable diseases.
- 2. How do they spread?
- A. They spread by droplet infection from one person to another; close contact, overcrowding, poor hygienic conditions can predispose to spread of these infections. Herpes can spread by sexual contact.
- 3. How does these infections present?
- A. Multiple fluid filled lesions associated with burning, itching, and pain.
- 4. Does viral infections recur?
- A. Yes, they recur. Frequent episodes are known to occur. Dermatologist has a protocol to manage such recurrences and advice specific antiviral drugs.
- 5. Who are at risk of developing the infection?
- A. Children, old age, immunocompromised patients, diabetics, malignancies and patients on chemotherapy are associated with viral infections.

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Vitiligo

Vitiligo is an acquired, idiopathic, progressive whitening of the skin and hair characterized by destruction of pigment producing cells in the skin called melanocytes. Vitiligo appears to affect at least 1% to 2% of the population, irrespective of sex, race, or age and 50% begin before age 20. The more dark skinned a person is, the more their vitiligo stands out, because of the contrast between affected and unaffected areas of skin.

People from families with an increased prevalence of thyroid disease, diabetes mellitus, and vitiligo appear to be at increased risk for development of vitiligo. The two predisposing (genetic) and precipitating (environmental) factors contribute to vitiligo. Many patients attribute the onset of their vitiligo to physical trauma, sun burn, illness, or emotional stress. The typical vitiligo macule is chalk white in color, has convex margins usually present on the extensor surfaces and in priorificial orifices which are typically symmetrical. The disease progresses by gradual enlargement of individual macules and the development of new white spots on various parts of the body.

Vitiligo can be categorized as one of three types, based on the pattern of depigmentation. The most common type is generalized vitiligo, in which there is widespread distribution of white macules, often in a remarkably symmetrical array. The focal type is characterized by one or more macules on a single site; in some cases, this may be an early evolutionary stage of one of the other forms of the disease. The segmental type, which is uncommon, is characterized by one of several macules on one hand or one side of the body. This type is not usually associated with vitiligo macules in other parts of the body, and new vitiligo spots do not appear.

The change in appearance caused by vitiligo can affect your emotional and psychological well-being. You may experience emotional stress, particularly if vitiligo develops on visible areas of you body, such as your face, hands, arms or feet. You may feel embarrassed, ashamed, depressed or worried about how others will react. Young people, who are often particularly concerned about their appearance, can be devastated by widespread vitiligo.

Find a dermatologist who's knowledgeable about vitiligo. Find out as much as you can about vitiligo and its treatment options so you can participate in making important decisions about your health care.

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FAQs - Vitiligo

1. What is vitiligo?

A. A depigmenting disease of unknown origin that causes destruction of melnocytes.

2. Can vitiligo be curable?

A. There is a rapid advancement in the field of treatment for vitiligo. Various treatments, medical and surgical either alone or in combination ranging from topical to systemic medications are available. Appropriate treatment will be planned by the dermatologist depending on your case.

3. What is the treatment of vitiligo?

A. Though treatment of vitiligo is not very satisfactory, reasonable improvement can be expected in several patients. Treatment depends on age of patient, extent and pattern of vitiligo, cosmetic disabilty and effect on quality of life. A dermatologist will assess and advice appropriate treatment.

4. Is treatment of vitiligo impossible?

A. This is clearly not true and the majority of patients can achieve good results.

5. Is oral psoralens, which form the basis for some vitiligo treatments are toxic to the liver?

A. Oral psoralens are not toxic to the liver.

6. Is psoralen + Ultra Violet -A (PUVA) treatments for vitiligo cause cancer of the skin?

A. When used to treat vitiligo, PUVA therapy requires only a limited number of treatments-approximately 150 in number that has not been shown to cause skin cancer.

7. If I have vitiligo, will my children develop it?

A. There is no definite mode of inheritance however; siblings may or may not develop. One need not be anxious regarding it.

8. Will the patches reoccur?

A. Most probably the patches may not reoccur. However in some instances it may reappear. A dermatologist will assess and advice appropriate treatment.

9. When do a dermatologist advice surgery for vitiligo patches?

A. A dermatologist is going to assess whether a patient is suitable for the surgery. A patch that remains stable for 6 months, site of transplantation and underlying medical conditions.

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