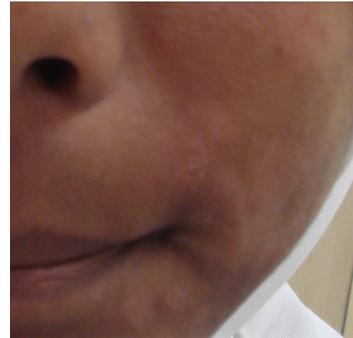




# Common Pigmentation Problems

## ■ Pityriasis Alba

- Pityriasis alba (PA) is a common skin problem seen in children.
- Many patients with PA have a background or family history of atopic dermatitis/ eczema, allergic rhinitis or asthma.
- PA occurs due to a mild dermatitis or eczema which subsequently leaves a lighter shade of the skin area which is unable to tan after sun exposure.
- Many cases appear after sun exposure (especially after swimming), because of the contrast that results between normal skin that can tan and affected areas that cannot tan.
- PA appears as areas of lighter coloured skin, usually on the face and neck regions. A fine, dry scale may be seen on the surface of affected skin.



- Treatment includes frequent use of moisturisers, and application of mild topical steroids or calcineurin inhibitors (eg. Elidel or Protopic) once or twice daily.
- Sun protection with the use of sunscreens (SPF 30 or more) can prevent worsening of the condition.

## ■ Vitiligo

- Vitiligo is an acquired form of decreased skin pigmentation. It results due to an immune reaction against pigment cells in the skin. The condition has a genetic basis and may affect several family members.
- Vitiligo is fairly common, affecting about one percent of the population and can begin at any age.

- Although most patients are otherwise healthy, a handful of patients may have other autoimmune disorders (eg. thyroid disease, diabetes). Your doctor may recommend further tests if these conditions are suspected.
- Vitiligo present as white, oval or linear shaped, flat skin areas, with well-defined borders. Hairs within the affected areas may also be white (poliosis).



- The course of vitiligo varies. Most patients present with only a few affected areas. Few patients may have more extensively affected areas. The lesions may sometimes regain their colour spontaneously over months or years.
- Treatment options for children with vitiligo include topical therapy (topical corticosteroids or topical calcineurin inhibitors eg. Elidel or Protopic) and phototherapy (narrow band UVB, topical PUVA or Excimer laser). Surgical treatment (eg. grafting) may be used for adolescents with stable lesions that do not respond to traditional treatments. The doctor will decide which treatment is most appropriate.
- Cosmetic camouflage (eg. Dermablend or Covermark) can be used to hide lesions of vitiligo. In patients with extensive vitiligo that have failed treatment, permanent depigmentation of normal skin with 20% monobenzyl ether of hydroquinone may be considered.

## ■ Pigment Mosaicism

- Pigment mosaicism (PM) refers to a group of skin conditions that present with either decreased (hypopigmentation) and/ or increased (hyperpigmentation) pigmentation of the skin.
- Other names include “hypomelanosis of Ito”, “linear and whorled nevoid hypermelanosis” and “nevus depigmentosus”.
- PM is a fairly common condition that becomes apparent usually in infancy or early childhood.
- Affected patients present with lighter or darker, flat patches of skin in a linear, streaky or “whorled” pattern. The patches tend to remain stable as the child grows.
- Very rarely, the condition may be associated with problems with other organ systems (eg. bones, eyes or brain).
- There is currently no treatment for PM. Camouflage make-up may be recommended if the condition is cosmetically unacceptable to the patient.

### Useful telephone number

Central Appointments

6294-4050



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