



Narrative Review

Vitiligo in Childhood: Being There for the Young Patients and Their Families

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KEYWORDS

*Vitiligo,
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ABSTRACT

Following the presentation of the epidemiological and clinical features of the disease, the author emphasizes its psycho-relational impact, particularly during childhood, and underscores the importance of an appropriate approach by both caregivers and the peer community.

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Vitiligo is an acquired pigmentary disorder (1), characterized by sharply demarcated, variably shaped depigmented macules surrounded by normal skin, which can also affect muco-cutaneous areas. The most common areas affected are T the face, dorsa of the hands, nipples, axillae, umbilicus, sacral, inguinal and anogenital regions with an important psychological impact for the patient. It constitutes the most common depigmenting disorder, with an estimated prevalence of 0.5-2% of the population worldwide in children and adults and in both sexes and races. Fifty percent of the patients will develop clinical signs before the age of 20 and a 25% before the 9 years of age. (Fig.1). Clinically, it is classified into two major forms, non segmental vitiligo (NSV) localized or generalized (Fig. 2), and segmental vitiligo (SV) (Fig. 3). Intrinsic abnormalities suggest a

gradual reduction in the number of the melanocytes, as well as loss of function (Fig. 4). The association with autoimmune disorders and organ-specific antibodies as well as the fact that repigmenting therapies have immune-modulating effects, indirectly support the idea of an autoimmune pathogenesis (2). Non the less, Patients with vitiligo and their “first degree” relatives have a higher incidence of other autoimmune conditions (including thyroiditis, pernicious anemia, Addison’s disease, systemic lupus erythematosus and inflammatory bowel disease) than the general population. Its management is challenging, and current therapeutic concepts on vitiligo focus on the cytokine and signaling pathways, including JAK kinase, which seem to offer the most promising results.

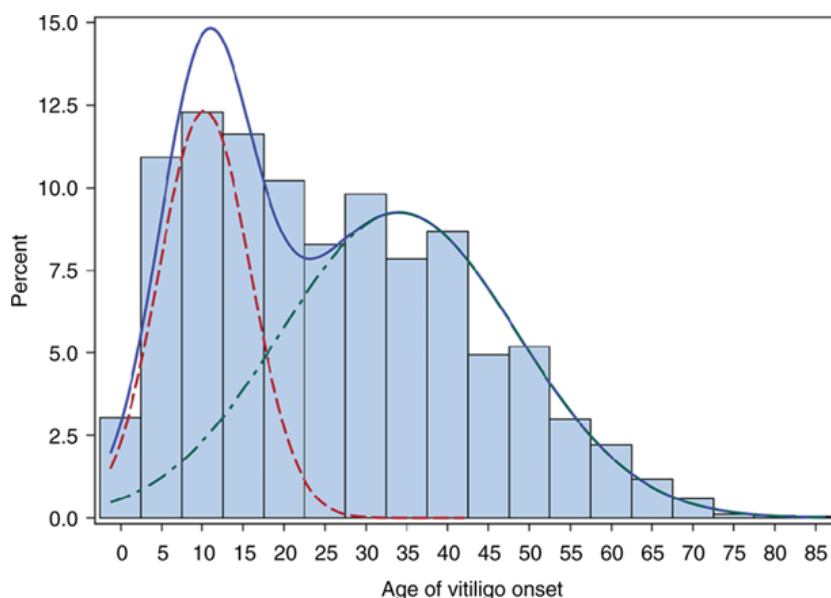


Fig. 1. Age at which vitiligo appears.



Fig. 2. Generalized non segmental vitiligo.



Fig. 3. Segmental vitiligo, under Wood's lamp.

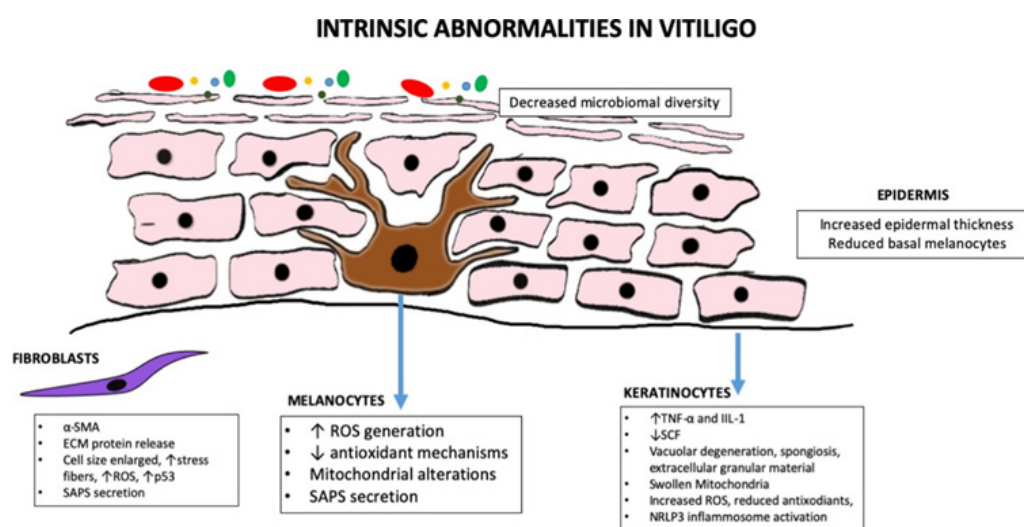


Fig. 4. Abnormalities in vitiligo.

Vitiligo is a disfiguring disorder with an important effect on the self-esteem and social life of patients. Therefore, its management is challenging and a trusting relationship between the doctor and the patient is crucial. Worldwide organizations, such as the British vitiligo society, are engaging in major kids-friendly campaigns, in order to manage this, at times, disfiguring disease with empathy and a bit of wit, non only with regards to children, but also towards their parents and carers.

Children are small human beings, not young adults. It is mandatory to explain and take them through every step of the way as far as it concerns the “how”, “what is it”, but most importantly the “why me”? The

psychological fragility of the children and adolescents, makes them susceptible to all kinds of assumptions, especially in our age where misinformation through the social media and various influencers, reign hazarously. Demonstrating the clinical aspect with photos through campaigns, is key to recognizing the disease and seek specialist help. Children and parents/carers, must be informed thoroughly with simple vocabulary – children even more importantly- about the very nature of vitiligo, the pathogenesis, the possible development and the treatment options. Sincerity is a major feature, underlining the exclusively aesthetic discomfort of the disease. It is of highly importance to inform the whole

family that despite the numerous available treatments, there is always an individual response that can oscillate from non response, to an improvement that could, though, relapse in time.

Parents-carers need also to be educated on how to deal with a child affected by vitiligo by accepting, understanding and embracing their children's needs for the truth, without burring heads in the sand due to fear and disappointment. The more a child sees a sincere and honestly interested parent, the less tormented will it be by the feelings of inadequacy and lack of confidence. Lets not forget that children, especially in school environments can be ruthless and treat their "different" companions with cruelty through bullying, creating hostility and social exclusion.

Last but not least, doctors and parents/carers should also embrace young children with vitiligo by demon-

strating that they are not alone in nature. Vitiligo is a condition affecting many other species in the animal world, providing them with astonishing beauty. Additionally, numerous influencers and public figures have come out in the last few years, demonstrating that being different means being unique.

Vitiligo is a condition of an aesthetic importance which doesn't affect other organs, and can be controlled through various systemic and topical treatments, as well as cosmetic camouflage. When it comes to affected children, a confident adult, doctor/parent-carer which stands by their side with calmness and acceptance of the condition, is all it takes, in order to have a happy and confident child, able to deal with this chronic condition as time goes by.

References

1. Gianfaldoni S, Tchernev G, Wollina U, Lotti J, Sattoli F, França K, Rovesti M, Lotti T. Vitiligo in Children: A Better Understanding of the Disease. *Open Access Maced J Med Sci*. 2018; 20:6(1):181.
2. Senescahl J, Boniface K, D'Arino A, Picardo M. *Pigment Cell Mel Res*. 2021; 34(2):236-243.