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Editorial Note on Vitiligo

Christina Ellervik*

Department of Dermatology, University of Porto, Portugal

Editorial

Vitiligo is a long-term skin disorder marked by the loss of pigment in regions of the skin. The damaged skin areas turn white and usually have sharp edges. The skin's hair may turn white as well. It's possible that the insides of the mouth and nose are also affected. Both sides of the body are usually affected.

The patches usually start on sun-exposed parts of the skin. People with dark complexion will notice it more. Vitiligo can cause psychological distress and stigmatization for those who have it. Vitiligo's exact cause is unknown. It is thought to be caused by genetic predisposition that is triggered by an environmental stimulus, resulting in the development of an autoimmune illness. Skin pigment cells are destroyed as a result of this. A family history of the disease or other autoimmune disorders including hyperthyroidism, alopecia areata, and pernicious anaemia are also risk factors. It is not a contagious disease. The two basic kinds of vitiligo are segmental and non-segmental.

The majority of instances are non-segmental, meaning they affect both sides, and the affected skin area often extends over time. About 10% of instances are segmental, meaning they predominantly affect one side of the body, and the affected area of the skin does not normally expand over time. Tissue biopsy can be used to confirm the diagnosis.

Vitiligo has no known treatment. Sunscreen and cosmetics are often all that is recommended for persons with light skin. Steroid creams or phototherapy to darken the bright areas are two alternative treatment possibilities. Alternatively, you could try using hydroquinone to lighten the skin that isn't impacted. For patients who do not improve with alternative treatments, there are a number of surgical possibilities. In most cases, combining therapies yields superior results. Counseling for emotional support could be beneficial. Vitiligo affects around 1% of the world's population. It affects as many as 2–3% of people in various populations. Both men and women are affected in the same way. Approximately half of those who get the disease do so before the age of 20, and the majority does so before the age of 40. Vitiligo has been documented since antiquity.

The presence of pale patchy regions of depigmented skin, which tend to occur on the extremities, is the only symptom of vitiligo. Before a new patch appears, some people may suffer itching. The patches start out little, but they quickly develop and change shape. The face, hands, and wrists are the most common sites for skin lesions. Despite the fact that other hypotheses have been proposed as potential vitiligo triggers, research clearly show that immune system abnormalities are to blame. Vitiligo is regarded to be a complex disease in which both hereditary susceptibility and environmental factors play a role. The protein tyrosinase is encoded by the TYR gene, which is not part of the immune system but is a melanocyte enzyme that catalyses melanin manufacture and is a prominent autoantigen in generalized vitiligo. According to the National Institutes of Health, some people assume that sunburns cause or worsen the illness, although there isn't much data to back this up.

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***Address for Correspondence:** Ellervik C, Department of Dermatology, University of Porto, Portugal, E-mail: christina@ellervik.dk*

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