

VITILIGO NA INFÂNCIA

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- Vitiligo is a common acquired condition in which the skin and hair become depigmented or hypopigmented. The prevalence of vitiligo ranges between 0.5% and 2% worldwide, and 50% of the cases present before 20 years.



Figure 1. Acraly distributed vitiligo in areas of trauma. Photos courtesy Dean Morrell, MD.

Vitiligo in Children: A Birds Eye View. Phiske MM . Department of Dermatology, L.T.M.M.C and General Hospital, Sion, Mumbai, 400022, India. meghanaphiske@rediffmail.com. Current Pediatric Reviews [2016, 12(1):55-66]

- Vitiligo in children is a distinct subset of vitiligo and differs from adult vitiligo.
- Characteristic features include family history of autoimmune or endocrine disease, higher incidence of segmental vitiligo, development of early or premature graying, increased incidence of autoantibodies and poor response to topical PUVA.
- The exact prevalence of vitiligo in children varies between 0.1-4% of the world population and seems to be higher in India than in other countries and it occurs more frequently in females.

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- Around 12% to 35% of pediatric vitiligo patients have family members with the disease.
- The most common type of vitiligo in pediatric patients is vitiligo vulgaris, representing 78% of cases. The most commonly associated autoimmune disease is thyroiditis.
- Phototherapy and topical corticosteroids are the most commonly used treatments for adult vitiligo but are less useful in the pediatric population.

A clinico-epidemiological study on childhood vitiligo. Neerja Puri.
Department of Dermatologist, Punjab Health Systems Corporation, Mohali,
Punjab, India. 2016 Indian Journal of Paediatric Dermatology |

- Vitiligo is a disorder of melanocytes which may have a significant effect on the psyche of a patient.
- Aims: patients with childhood vitiligo and see the association of vitiligo with other autoimmune diseases.
- Methods: A randomized controlled prospective study was done of thirty patients of childhood vitiligo aged below 14 years of age.

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- Results: Vitiligo vulgaris was the most common type of vitiligo seen in 50% children followed by focal and segmental vitiligo in 20% each followed by acrofacial vitiligo in 10% children.



Figure 1: Segmental vitiligo in a 5-year-old female child



Figure 2: Acral vitiligo in an 8-year-old female child

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- Pediatric and adult vitiligo differs. The most notable difference is the increased prevalence of segmental vitiligo, the most difficult type of vitiligo to treat, in the pediatric population. Other significant differences include a predilection for females, increased family history of vitiligo and koebnerization in pediatric patients.

Vitiligo in Children: A Distinct Subset. Aamir Habib Journal of the College of Physicians and Surgeons Pakistan 2016, Vol. 26 (3): 173-176

Table II: Types of vitiligo and their characteristics.

Type	N	Average duration (Years)	Site of onset					Positive family history (% within type)	Positive Koebner	Associated diseases
			Head neck	Upper limbs	Lower limbs	Genitalia	Trunk			
Generalized	83 (52.9%)	1.784 ±1.958	33 (39.8%)	5 (6.0%)	33 (39.8%)	1 (1.2%)	11 (13.3%)	29 (34.9%)	37 (44.6%)	5 (6.0%)
Focal	42 (26.8%)	0.648 ±0.927	29 (69%)	2 (4.8%)	4 (9.5%)	3 (7.1%)	4 (9.5%)	10 (23.8%)	Nil	3 (7.1%)
Segmental	20 (12.7%)	1.422 ±2.245	10 (50.0%)	4 (20%)	4 (20.0%)	1 (5.0%)	1 (5.0%)	3 (15.0%)	Nil	Nil
Acrofacial	7 (4.5%)	1.988 ±1.926	3 (42.9%)	1 (14.3%)	2 (28.6%)	Nil	1 (14.3%)	4 (57.1%)	1 (14.3 %)	Nil
Universalis	2 (1.3%)	4.500 ±3.536	Nil	Nil	1 (50.0%)	Nil	1 (50.0%)	2 (100%)	Nil	Nil
Acral	3 (1.9%)	2.347 ±2.058	Nil	Nil	3 (100 %)	Nil	Nil	1 (33.3%)	1 (33.3 %)	Nil
Total	157	1.489 ±1.874	75 (47.8%)	12 (7.6%)	47 (29.9%)	5 (3.2%)	18 (11.5%)	49 (31.2%)	39 (24.8%)	8 (5.1%)

Current Management of Pediatric Vitiligo. Freya Van Driessche /
Nanette Silverberg . Review Article / [Pediatric Drugs](#) / August 2015, Volume
17, [Issue 4](#), pp 303-313.

- Vitiligo prevalence of 0.4–2 % of the population, with half of cases beginning in childhood.
- Therapy of vitiligo in childhood is chosen based on the location of the lesions, lesion age, and extent of lesions in the context of the child's age and the developmental status of the child.
- There are four age categories in childhood vitiligo: [[1](#)] infantile and toddler (rare) (ages 0–3 years), [[2](#)] ages 4–8 years, [[3](#)] ages 9–12 years, and [[4](#)] 13+ years of age, based on developmental stage, psychological maturation, and ability to comply or participate in therapy.
- Intervention is advisable in cases with facial and leg involvement due to prominence of lesions and cosmetic defect.

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- Intervention is advisable in cases with facial and leg involvement due to prominence of lesions and cosmetic defect.
- Medical interventions are largely the usage of topical therapies including corticosteroids and calcineurin inhibitors, some vitamin therapy (oral and topical vitamin D), and judicious introduction of phototherapy sources based on age and severity.
- Screening and appropriate subspecialist referral for co-morbidities (e.g., thyroid disease, celiac disease, psychological distress, and **vitamin D deficiency**) may enhance overall health.
- Cosmesis and camouflage are generally safe in childhood and have been noted to improve overall quality of life in this grouping. Genetic transmission of vitiligo is minimal at 5–6 % in first-degree relatives.

BIBLIOGRAFIA

1. Vitiligo in Children: A Birds Eye View. Phiske MM . Department of Dermatology, L.T.M.M.C and General Hospital, Sion, Mumbai, 400022, India. meghanaphiske@rediffmail.com. Current Pediatric Reviews [2016, 12(1):55-66]
2. A clinico-epidemiological study on childhood vitiligo. Neerja Puri. Department of Dermatologist, Punjab Health Systems Corporation, Mohali, Punjab, India. 2016 Indian Journal of Paediatric Dermatology |
3. Vitiligo in Children: A Distinct Subset. Aamir Habib Journal of the College of Physicians and Surgeons Pakistan 2016, Vol. 26 (3): 173-176
4. Current Management of Pediatric Vitiligo. Freya Van Driessche / Nanette Silverberg . Review Article / [Pediatric Drugs](#) / August 2015, Volume 17, [Issue 4](#), pp 303-313.
5. Vitiligo: Treatment Approach in Children. Arin L. Isenstein, MD; Dean S. Morrell, MD; and Craig N. Burkhart, MD PEDIATRIC ANNALS 38:6 | JUNE 2009

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