

Bilateral Segmental Vitiligo

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Segmental vitiligo is considered to be characterized by unilateral depigmented patches along dermatomes, but we found two cases of segmental vitiligo in which the vitiligo lesions appeared bilaterally on the same or different dermatomes. The clinical course of bilateral segmental vitiligo seems to be the same as that of unilateral segmental vitiligo.

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Key Words : Segmental vitiligo; bilateral dermatomes

Vitiligo is an acquired disorder characterized by well-circumscribed, milky white patches on the skin with distinctive clinical patterns, including, focal, segmental, generalized, and universal¹. Among these, segmental vitiligo has recently attracted the special attention of dermatologists because it has a stable course and limited medical manifestations to organs other than the skin². Segmental vitiligo, which has been also described as type B vitiligo, is customarily characterized by unilateral depigmented patches along one or more dermatomes^{1,3,4}. However, we have found two cases of vitiligo which do not fit any type of vitiligo other than the segmental type and in which lesions appeared bilaterally along the same or different dermatomes. We report these two cases of bilateral segmental vitiligo, among the 242 segmental vitiligo patients who visited our vitiligo special clinic between 1992 and 1996.

CASE REPORTS

Case 1

A 27-year-old girl was referred to our vitiligo special clinic for the treatment of chalk-white patches on her trunk. These patches had appeared during the previous 3 years and they were more

accentuated on wood lamp examination. They were distributed along two thoracic dermatomes bilaterally; there had been no further progression (Fig. 1). We could not find any other whitish lesions except those on the two thoracic dermatomes. The lesions responded well to systemic PUVA therapy and improved without the development of new lesions.

Case 2

A 4-year-old girl had multiple whitish patches on her trunk that had appeared during the previous 2 months. They were more accentuated and sharply margined on wood lamp examination. There were no abnormal results in CBC and routine chemistry. The skin lesions were located along two linear areas of the thoracic dermatomes: the left side lesion started on the left scapular area, turned along the left axilla and ended on the left sternal border; the right side lesion started on the scapular area and ended on the right axilla (Fig. 2,3). In addition, the whitish lesions were contiguous and spread in an ordered fashion. Oral prednisolone, 5mg/day and topical corticosteroid therapy ceased the progression of the lesions after 2 months of treatment.

DISCUSSION

As segmental vitiligo has different clinical features from non-segmental vitiligo, it is quite important to classify the type of vitiligo. Segmental vitiligo has predominantly an early onset and spreads rapidly over the affected dermatomal area;

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the activity usually ceases after a short active period. The depigmented patches then stay unchanged for the rest of the patient's life. Therefore, stable segmental vitiligo is a good candidate for epidermal grafting and can be cured almost completely without

recurrence^{5,6}. Because of these merits, many dermatologists are interested in distinguishing it from other types of vitiligo and have determined some aspects of its nature. Not all the patterns of segmental vitiligo follow an exact dermatomal distribution, unlike herpes zoster. Blaschko's line and acupuncture lines have been applied to the spreading pattern of segmental vitiligo⁷, but none of these lines fit the exact spreading pattern of segmental vitiligo. On the other hand, if segmental vitiligo occurs bilaterally, following the contralateral same or different dermatomes, it may confuse the definition of the vitiligo type. As segmental vitiligo rarely appears on bilateral dermatomes and its distribution is not completely understood, it may resemble some of the other types of non-segmental vitiligo or white patches of both legs seen in piebaldism. However, they can be ruled out by their progression of white patches beyond the segmental area or by unchanged congenital manifestations with an associated family history.

In our limited experience, the clinical course of bilateral segmental vitiligo seems to be the same as that of unilateral segmental vitiligo. These interesting cases that we have obtained so far, prompt us to publish our cases in the hope of encouraging other investigators to research the nature of vitiligo and thus increase the amount of information available for diagnosis of segmental vitiligo.

Fig. 1. The right lesion is located on the shoulder and arm; the left lesion is located on the lower chest and upper abdomen. They do not cross the midline.

Fig. 2, 3. The vitiligo lesions followed left and right thoracic dermatomes with a sharp midline cut off.

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