

Vitiligo – college essay



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Vitiligo Vitiligo is a skin condition, and sometimes is referred to as the Michael Jackson Disease. It is a skin condition in which there is a loss of pigment from areas of skin. That then results in irregular white patches of skin. Vitiligo occurs when the melanin forming cells, also called melanocytes fail to produce melanin. Melanin is the dark pigment that is in the epidermis that gives us our skin color. When the melanocytes fail to produce melanin, white patches of skin appear on the skin. Although we know how it occurs, we do not know why it does.

There are many theories of why vitiligo does happen. These include immune system disorders, family disposition (heredity), sunburn, emotional distress, or melanoma. But again these are just theories and have yet to be proven as a definite cause of vitiligo. Treatment for vitiligo includes trying to restore normal pigment to the cells or destroying the remaining pigment cells. These options include topical corticosteroid therapy, topical immunomodulators, photochemotherapy either topical or oral, narrowband ultraviolet therapy, excimer laser, and depigmentation.

Both topical corticosteroid therapy and topical immunomodulators are ointments used directly on the areas of skin affected, and may help return the pigment to the skin. Photochemotherapy involves going to a dermatologist, and having them apply a topical psoralen to the affected areas or orally taking psoralen, and then exposing the areas to an ultraviolet light. Narrowband ultraviolet is similar to photochemotherapy except no psoralen is required, and it uses ultraviolet B light, instead of ultraviolet A.

Depigmentation is a permanent option. Instead of returning color to the affected areas, it removes the pigment from the unaffected areas. Along with those options there are also surgical therapies used to treat vitiligo, and they are autologous skin grafts, blister grafting, and tattooing. An autologous skin graft involves moving unaffected skin patches to the affected area. Blister grafting involves creating blisters on skin with pigment left, and then transplanting it onto an area with no pigment. The other surgical option is tattooing.

To do this implants of pigment are tattooed on the affected area. Even with all of these options not one of these has been proven to fully cure vitiligo, they just slow or stop the progression of pigment loss. The main sign of vitiligo is sudden or gradually loss of skin pigmentation, that results in white patches of skin. Other signs can include premature whitening or graying of hair on your scalp, eyelashes, eyebrows, or beard, loss of color on the mucous membranes that line the inside of your mouth, or loss or change of color in the retina of the eye.

Any part of your body may be affected, but it usually develops first on areas that are exposed to the sun, such as the face, elbows, hands, and feet.

Anyone can be affected by vitiligo it usually occurs between the age of 10 and 30. Other characteristics of vitiligo include the pattern in which it occurs on the body. There are three patterns vitiligo usually appears in. The first being generalized, pigment loss occurs everywhere, and is often symmetrical.

The next is segmental depigmentation happens only on one side of the body. The last is focal pigment loss is limited to few areas of the body. In conclusion, vitiligo is the loss of pigment of the skin, and is due by the melanocytes failing to produce melanin in the epidermis. The cause of why people develop is still unknown today, but there are many theories of why it occurs. There also is no permanent cure to reverse or mask the patches of white skin caused by vitiligo.