

- Treatment options for children with vitiligo include topical therapy (topical steroids or calcineurin inhibitors e.g. tacrolimus ointment) and phototherapy (narrow band UVB or targeted UVB phototherapy). Surgical treatment (e.g. grafting) may be used for adolescents with stable lesions that do not respond to traditional treatments. Your/your child's doctor will decide which treatment is most appropriate.
- Cosmetic camouflage (e.g. Dermablend or Covermark) can be used to hide lesions of vitiligo. In patients with extensive vitiligo that have failed treatment, permanent depigmentation of normal skin with 20% monobenzyl ether of hydroquinone may be considered.

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## Acquired Pigmentary Disorders

### Useful telephone number

Central Appointments

6294-4050



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100 Bukit Timah Road  
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Tel: 6-CALL KKH (6-2255 554)  
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Reg No 198904227G ADERMapd0821

## Post-Inflammatory Dyspigmentation

- Post-inflammatory dyspigmentation is a common skin problem seen in children and adults darker skin types.
- Patients experience either darker (hyperpigmentation) or lighter skin patches (hypopigmentation).
- It typically arises in areas with preceding inflammation or red/pink rashes. It can also arise post procedures e.g. laser, electrocautery, cryotherapy.
- Common preceding skin conditions include and are not limited to atopic dermatitis, seborrheic dermatitis, psoriasis, acne vulgaris, insect bites, contact dermatitis.
- Repigmentation to normal skin colour is possible only if the underlying rashes and inflammation are treated. The time taken is variable and can stretch from weeks to months to more than a year.
- Strict sun avoidance and use of sunscreens are recommended as the hypopigmented areas are unable to tan and the hyperpigmented areas become darker with sun exposure.
- Topical lightening agents may be considered and should be discussed with the dermatologist.



## Pityriasis Alba

- Pityriasis alba (PA) is a common skin problem seen in children and adolescents.
- Patients with PA may have a background or family history of atopic dermatitis/eczema, allergic rhinitis or asthma.
- PA appears as areas of lighter coloured skin, usually on the face and neck regions. A fine, dry scale may be seen on the surface of affected skin. These areas are unable to tan after sun exposure.

- Many cases appear after a period of sun exposure (especially after swimming), because of the contrast between normal skin that can tan and affected areas that cannot tan.



- Treatment includes frequent use of moisturisers, and application of mild topical steroids or calcineurin inhibitors (e.g. pimecrolimus cream or tacrolimus ointment) once or twice daily.
- Sun protection with the use of sunscreens (SPF 30 or more) can prevent worsening of the condition.

## Vitiligo

- Vitiligo is an acquired form of decreased skin pigmentation due to an immune reaction against pigment cells in the skin. The condition has a genetic basis and may affect several family members.
- Vitiligo affects about 1% of the population and can begin at any age.
- Although most patients are otherwise healthy, a handful of patients may have other autoimmune disorders e.g. thyroid disease, diabetes. Your doctor may recommend further tests if these are suspected.
- Vitiligo presents as white patches with well-defined borders. Hairs within the affected areas may also be white (poliosis).
- The course of vitiligo is variable. Some patients may present with only one affected area (localised). Other patients may present with more extensively affected areas (generalised). The lesions may sometimes regain their colour spontaneously over months or years.

