BEAUTY

Vitiligo Changes Color, Not Who You Are

Here is what white skin patches mean, why they happen, and how to make the choices that fit your life.

The patch you cannot stop noticing

Perhaps you saw it while washing your face: a pale patch that was not there before. Or someone else noticed a change on your hand. Once you have seen it, your eye may keep returning to it. The patch does not explain itself, and the uncertainty can feel larger than the area of skin involved.

Vitiligo causes skin to lose its natural color, leaving milky-white patches. It can appear anywhere, but the hands, feet, arms and face are common places. Hair in an affected area may turn white, too, including hair on the scalp, eyebrows, eyelashes, beard or body. The inside of the mouth or nose can also lose color.

Many people develop patches on matching areas on both sides of the body, such as both hands or both knees. Sometimes color disappears rapidly or across a large area. A less common form, called segmental vitiligo, appears on one section or one side, perhaps one arm, one leg or one side of the face. It often begins early, progresses for six to 12 months and then usually stops.

Not every light patch is vitiligo. Infections, blisters and burns can also leave skin lighter. That makes a medical assessment more useful than trying to identify a patch from appearance alone. A clinician can examine your skin and ask about your health and family history before deciding whether the pattern fits vitiligo.

What has disappeared

Your skin color comes from a pigment called melanin, made by special cells called melanocytes. In vitiligo, immune cells attack and destroy melanocytes by mistake. Where those pigment-making cells are lost, the skin turns white. The change is visible on the surface, but it begins with the immune system mistaking healthy tissue for something it should attack.

Vitiligo is therefore a long-lasting autoimmune disorder. Researchers are still studying the part played by genes and family history. It can run in families, but having a relative with vitiligo does not provide a complete explanation. Anyone can develop it, at any age, although for many

people the first white patches appear before age 20 and they may begin in early childhood.

Vitiligo is more common in people with certain other autoimmune conditions. These include thyroid disease, type 1 diabetes, rheumatoid arthritis, psoriasis, systemic lupus erythematosus, Addison's disease and pernicious anemia. A clinician may use blood tests to look for another autoimmune disease when assessing someone with vitiligo.

A sunburn, emotional distress or chemical exposure can sometimes trigger vitiligo or make it worse. But that does not mean you caused it by feeling stressed, going outdoors or making one wrong choice. The central problem is an immune attack on pigment-making cells, and no one knows every reason that attack begins.

Care is a choice, not a correction.

An examination can settle the question

A clinician usually starts with a close look at your skin and questions about your family history. A special ultraviolet light called a Wood's lamp may be shone over the area; skin affected by vitiligo appears chalky and bright beneath it. The assessment may also include blood tests, an eye examination or, in some cases, a small skin sample examined under a microscope.

That skin sample can show whether melanocytes are missing from the pale area. An eye examination can look for uveitis, meaning inflammation or swelling in the eye, which sometimes occurs with vitiligo. Inflammation in the ear can also occur. These possibilities are part of why a changing patch belongs in a health conversation, not just a cosmetics aisle.

This becomes a medical question when new light patches appear, existing patches spread, or you have concerns about what a color change means. A dermatologist specialises in disorders of the skin, hair and nails, while a primary care clinician can also begin the assessment. An eye specialist may become involved if eye inflammation is a concern.

The appointment is not only about naming the condition. It establishes which pattern you have, whether another autoimmune disorder needs consideration and what you want from care. Those aims matter because vitiligo varies: patches may remain limited, spread, or respond differently from one part of the body to another.

Care is a choice, not a correction

There is no cure for vitiligo, but treatment can sometimes slow or stop its progress, encourage melanocytes to regrow and return color to white patches. Medicines or medicated creams may be used to reduce the immune attack and improve the skin's appearance. Light therapy may

treat larger areas, while laser treatment can be directed at smaller ones.

These options require patience and honest expectations. Results vary between people and between areas on the same person. New patches can appear while treatment is under way. Some treatments have side effects, some take a long time, and some do not work. A clinician may recommend more than one approach, but not every treatment is suitable for everyone.

For vitiligo covering more than half the body, doctors may sometimes remove color from the remaining darker skin so that it matches the white patches. This process tends to be permanent and may take more than a year. Surgery may be considered for long-standing segmental vitiligo, or when other approaches have not worked, but it is generally not recommended while the condition is spreading or for people prone to raised scars.

You can also decide not to pursue color-restoring treatment. Cosmetics, self-tanning lotions or dyes can cover patches if you want them to, but concealment is an option rather than an obligation. The useful question is not how to make your skin look as though vitiligo never happened. It is which choices make daily life easier for you.

On Monday, build a sun barrier

Vitiligo can affect more than pigment. Changes in appearance may bring embarrassment, sadness, shame, low self-esteem or depression. Support can come from family, friends, other people with vitiligo or a mental health professional. If the emotional weight is becoming hard to carry, say so to a health professional; that distress deserves care alongside the skin itself.

For the coming week, make sun protection the practical task. Use sunscreen and protective clothing to help guard your skin against sunburn and long-term damage. This is useful whether you are pursuing medical treatment, covering the patches or leaving them visible. Sun exposure also needs particular care during and after depigmentation treatment.

Put the step where you can see it: keep sunscreen beside the things you take out each day, and set out protective clothing such as a long-sleeved top. The point is not to hide your skin. It is to give skin with lost pigment a physical barrier while you decide what, if anything, you want to do next.

Then write down one question for your clinician on a piece of paper: Is this vitiligo, and do I need to be checked for anything else? Bring that paper, along with the sunscreen and protective clothing you will use this week. You do not need to solve every decision at once. Start by protecting the skin you have.

Where this comes from

- Vitiligo

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/vitiligo.html
- Skin Pigmentation Disorders

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/skinpigmentationdisorders.html
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