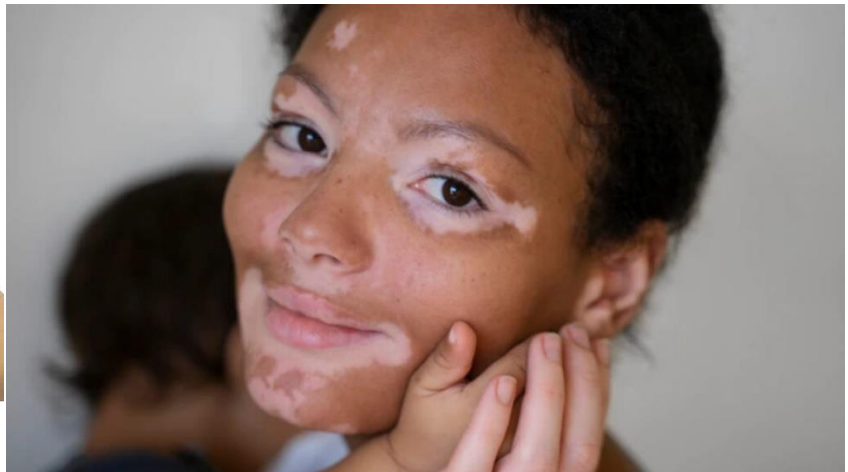


# Vitiligo

## What Is Vitiligo?

**Vitiligo** is a condition where areas of skin **lose pigment (color)**, leading to **white or lighter patches**. It can affect any part of the body, and it can also affect **hair** (turning it white) and sometimes the inside of the mouth. Vitiligo is **not contagious**.

Vitiligo often has periods of change and stability. Some people choose not to treat it, while others want treatment to **restore pigment** and/or **slow progression**—both are valid choices.



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## What Does Vitiligo Look Like?

Vitiligo commonly appears as:

- Smooth **white or lighter patches**
- Sharply defined borders
- Common areas: **face, hands, arms, feet**, and around body openings (mouth/eyes)

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## How We Diagnose Vitiligo

Diagnosis is usually made with:

- A focused history and skin exam

- Sometimes a special light exam in the office to help define pigment loss
  - Rarely, additional testing if another condition needs to be ruled out
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## Vitiligo Treatment Options

Your plan depends on patch location, how widespread vitiligo is, and whether it's active.

### 1) Topical medications (creams/ointments)

These can help calm inflammation and support repigmentation in selected areas, especially on the face.

**Topical ruxolitinib (Opzelura®)** is FDA-approved for **nonsegmental vitiligo** in patients **12 and older**.

### 2) Narrowband UVB (NB-UVB) phototherapy

NB-UVB is a common, effective option for **more widespread vitiligo**. Treatment is typically done **2–3 times per week**, and results usually take time—often **months**, not days.

### 3) Excimer light/laser (308 nm)

Excimer is **targeted light therapy**—great for **smaller, localized patches** because it treats the spots while sparing unaffected skin.

### 4) Combination plans

Many patients do best with a combined approach (for example: topical therapy + phototherapy), depending on goals and skin type.

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## Pre-Op Instructions (Before Phototherapy or Excimer)

*(No fasting needed — these are “before treatment” tips.)*

### 1–2 weeks before starting

- Avoid **tanning** and **sunburn**
- Tell us if you:
  - Take medications that increase sun sensitivity
  - Have a history of frequent skin cancers or photosensitivity disorders
  - Are pregnant or trying to conceive (we'll tailor options)

## Day of treatment

- Arrive with **clean, dry skin** on treatment areas
  - Avoid perfumes/body oils on treated areas (unless we instruct otherwise)
  - Bring a list of all medications and topical products you use
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## Post-Op Instructions (After Phototherapy or Excimer)

### What's normal

- Mild pinkness/warmth for a few hours
- Mild dryness or itch
- Gradual, patchy re-pigmentation over time (often first seen as tiny “freckles” of color)

### Skin care after sessions

- Use a gentle moisturizer daily
- Avoid hot showers/saunas/exercise that overheats you for 24 hours if you tend to get red easily
- Use consistent sun protection (vitiligo patches burn more easily)

### Call our office if you have

- Painful redness like a sunburn that lasts >24–48 hours
  - Blistering, significant swelling, or worsening discomfort
  - New rash outside treatment areas
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## Vitiligo FAQ

### Is vitiligo dangerous?

Vitiligo isn't usually physically dangerous, but it can increase **sun sensitivity** in the lighter patches, and it can significantly affect confidence and quality of life.

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### Is vitiligo contagious?

No—vitiligo is **not contagious**.

## What's the best treatment: NB-UVB or excimer?

- **NB-UVB** is often used for **widespread** vitiligo.
  - **Excimer (308 nm)** is often used for **localized** patches.  
Your dermatologist will recommend the best fit for your pattern and schedule.
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## How long does it take to see results?

Many patients need **multiple weeks to months** to notice pigment returning, and longer courses may improve response.

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## Can vitiligo spread?

It can. NB-UVB phototherapy has been shown to help **slow progression** in active vitiligo.

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## Will vitiligo come back after treatment?

It can. Some people need maintenance strategies and ongoing follow-up.

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## Is there a prescription cream specifically approved for vitiligo?

Yes. **Opzelura® (ruxolitinib) cream** is FDA-approved for **nonsegmental vitiligo** in ages **12+**.

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## Should I use sunscreen on vitiligo patches?

Yes—lighter patches are more likely to burn. Daily broad-spectrum sunscreen and sun-protective clothing are strongly recommended.