

Freckle (lentigo)



- Overactivity of an increased no. of melanocytes.
- Fair individuals
- Sun exposure in genetically predisposed individuals
- Sun sensitivity----sun block
- TTT: Pigmented laser (recurrence)

Melanocytic naevi (mole)

- Common
- Concern : ? early malignant melanoma

Types:

- **Acquired MN** : very common, small, uniform, no need for ttt.
? Change in size, shape, edge, color
- **Congenital MN**: variable size, Giant CMN (bathing trunk)—MM
- **Atypical naevi (dysplastic)**: larger with one or more atypical signs; 4 or more: risk of mm in the subject.
- **Blue naevi** (dermal): deep-blue. Common on face, hand or feet.
- **Halo naevi**: compound naevi with halo of depigmentation.
- **Spitz naevi**: common on children face, pink or pale brown, in adult: R/O MM.

Acquired melanocytic nevus



Atypical naevus (dysplastic)



Congenital melanocytic nevus



Halo naevus



Spitz nevus



Blue naevus



Melasma (chloasma)

- Hormonally-stimulated increase in melanogenesis
- Face
- Pregnancy, OCP
- Darkly pig skin, Sun exposure
- TTT: sun block, bleaching



Vitiligo

- Acquired cut. depigmentation
- Koebner phenomena

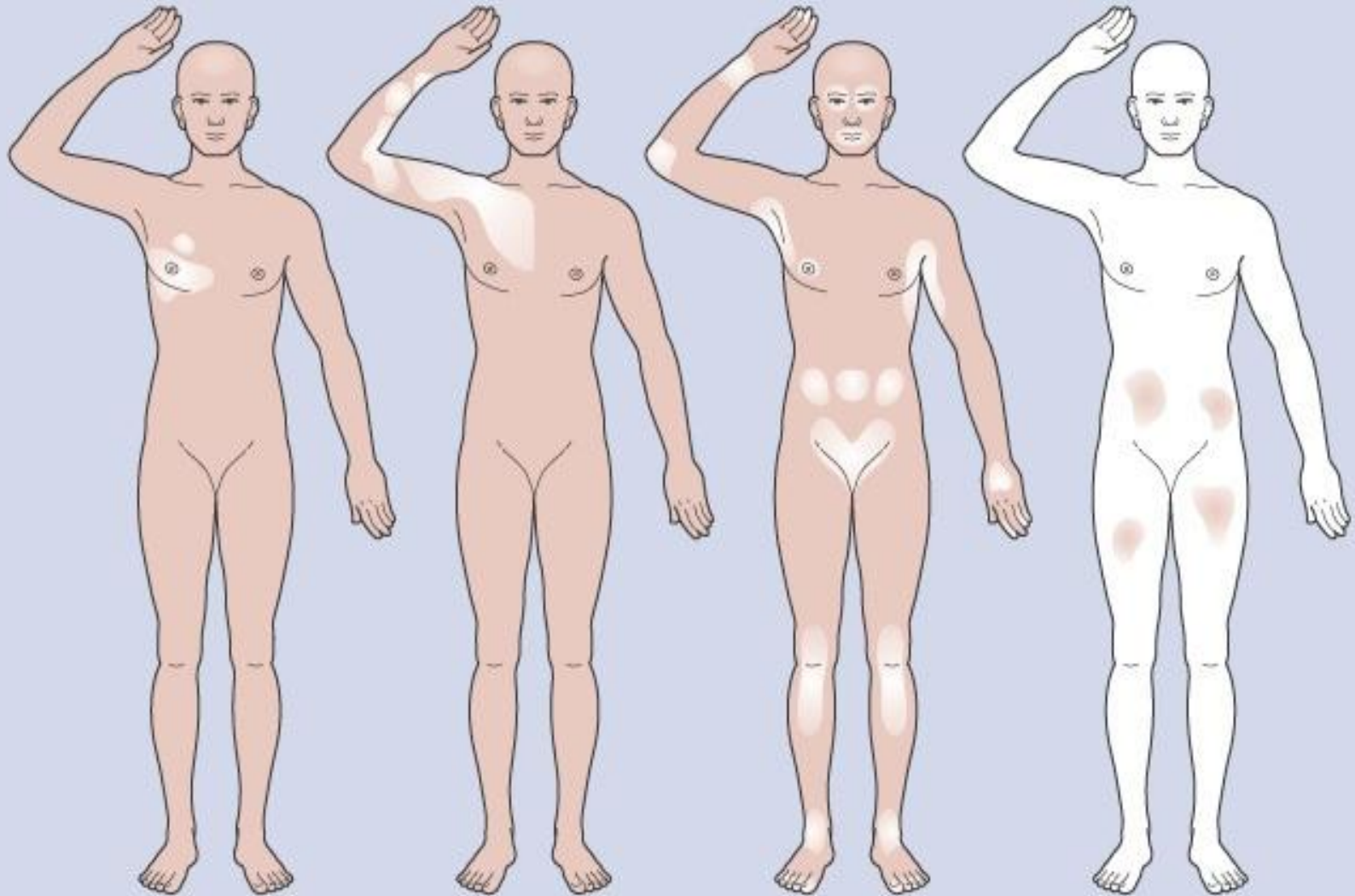
Causes

- Genetic
- Autoimmune dis.
- Neural

Natural course?

Varied

DISTRIBUTION PATTERN OF AMELANOTIC SKIN LESIONS IN VITILIGO



Focal

Unilateral/Segmental

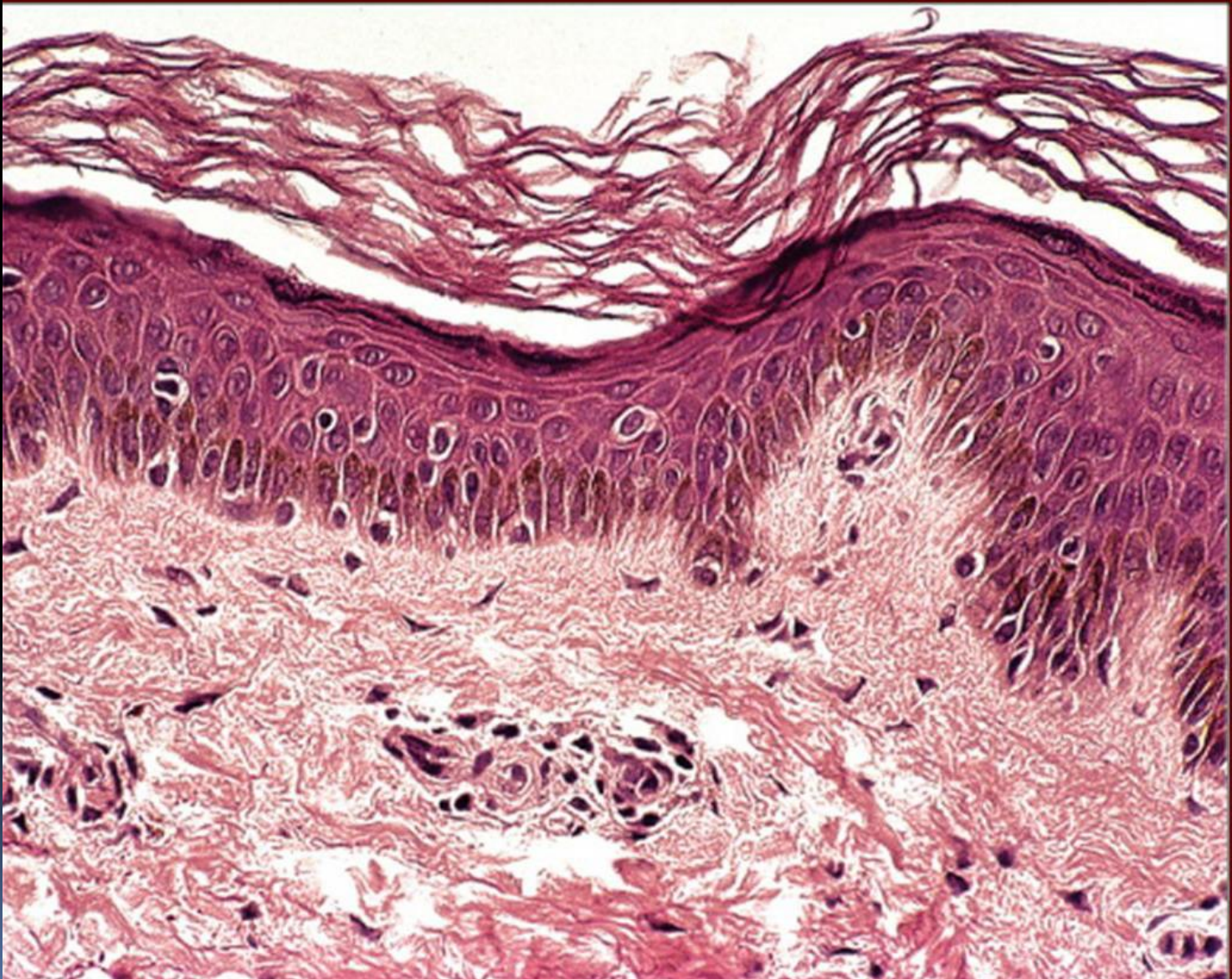
Vulgaris

Universal





Why? Loss of normal melanocytes
Dopa stain





Special studies

T₄, TSH, FBS

ANA/Ro/La (prior to PUVA)



TREATMENT

Sunscreen (sunburn, koebnerization, tanning)

Limited:

Class 3 topical GC

Topical Tacrolimus

Topical PUVA

Excimer laser

Resistant, Stable of 2 years : Surgical

Generalized

Phototherapy

Universal:

Bleaching agent