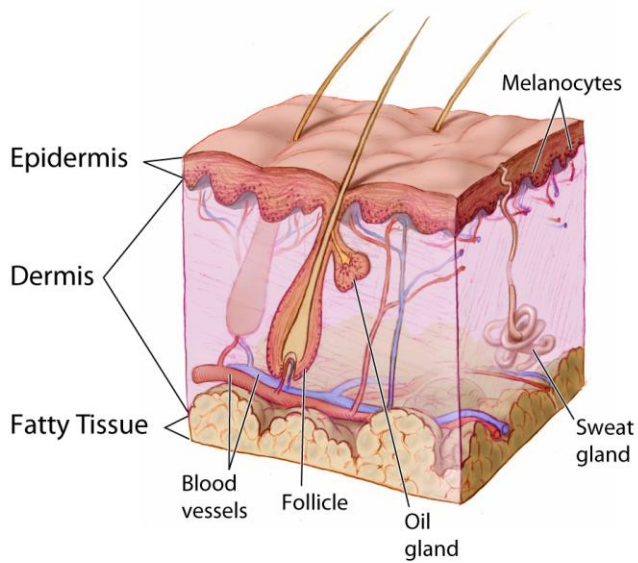


432 Teams

Dermatology



Pigmentary disorders

Color Code: Original, **Team's note**, **Important**, **Doctor's note**, Not important, **Old teamwork**



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Objectives

1. Pathogenesis, features and management of different pigmentary disorders including Freckle
2. Different types of Melanocytic naevi
3. Melasma
4. Vitiligo

Freckle (Lentigo)

Overactivity of an increased **number of melanocytes** (number more than activity)

- Fair individuals (white people)
- Affect sun exposed area (face, forearm)
- Sun exposure in genetically predisposed individuals

Treatment: Sun block, bleaching cream and pigmented laser (recurrence)



Melanocytic naevi (mole)

Acquired MN: very common, small, uniform, no need for treatment except ABCD (? Change in size shape, edge, color)



ABCD:

- | | |
|----------------------------|------------------------|
| 1-Assymetry | 4-Dimeter more the 6mm |
| 2-irregular B order | 5-bloody and pinful |
| 3-irregular C olor | |

The chance of conversion to **malignant melanoma** (killer)

Congenital MN: variable size could be Giant CMN (Bathing trunk) could harbor “Malignant melanoma”
Higher risk of developing malignant melanoma than the Acquired MN.



Atypical naevi (dysplastic, premalignant): larger with one or more atypical signs(ABCD) 4 or more: risk of malignant melanoma in the subject .



Blue naevi : deep-blue color and common on face, hand or feet.



Halo naevi: compound naevi with halo of depigmentation.



Spitz naevi: common on **children** face with pink or pale brown color and in adult carry the risk of transformation to malignant melanoma



Melasma (chloasma)

Genetically programmed increase in **melanogenesis**

(increase in activity more than number)

Affecting the Face

Could be induced by Pregnancy, OCP and excessive Sun exposure

Treatment: sun block & bleaching cream



Remember:

Increase in **number** more than activity of melanocyte → lentigo

Increase in **activity** more than number of melanocyte → chloasma

Vitiligo

Acquired depigmentation (loss of melanocyte)

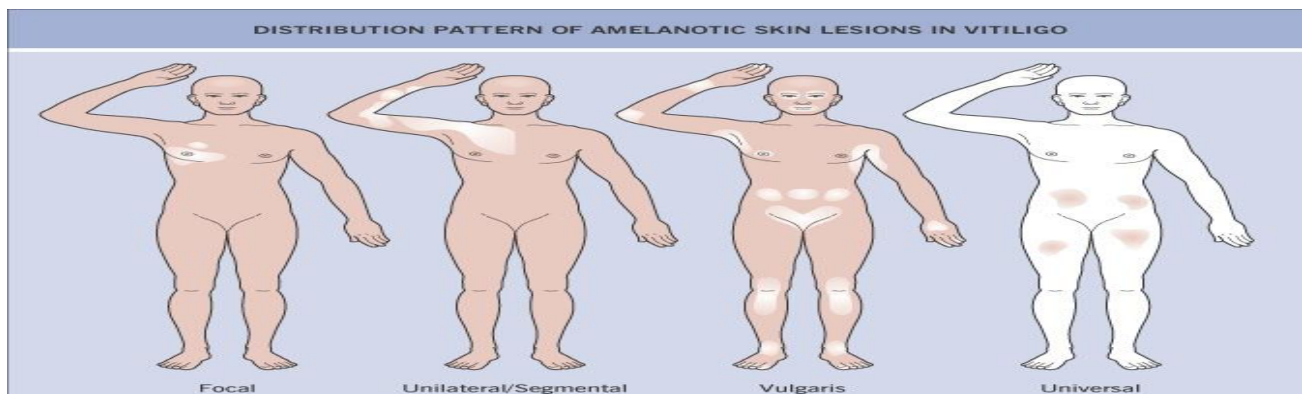
“Kobner phenomena”: dermatologic disease occur in the site of the truma could be (vitiligo, psorss, eczema)

Causes:

1. Genetic
2. Autoimmune disease (the most prominent).
3. Neural
4. Cytotoxicity.

Natural course

Variable



Wood's lamp:

- A is a diagnostic tool used in dermatology by which ultraviolet light is shone (at a wavelength of approximately 365 nanometers) onto the skin of the patient. Wood's lamps have also been used to differentiate hypopigmentation from depigmentation such as with vitiligo. A vitiligo patient's skin will appear milky white under the Wood's lamp

Treatment

Limited:

- Class 3 topical corticosteroids
- Topical Tacrolimus
- Topical PUVA
- Excimer laser

Resistant but Stable of 2 years Surgical treatment:

1. Melanocyte Transplant (only in fix inactive vitiligo)
2. Cosmetic Tattoo

Generalized:

- **Phototherapy (NBUVB, PUVA)+ topical**
- Bleaching agent: Depigment all skin by **Benoquin** (Used as final solution when the vitiligo is **more than 50% of the skin**)

NBUVB:
Narrowband UVB
UVA + Psoralen=
PUVA

Psoralen: drug
increasing skin
sensitivity to
ultraviolet light

Summary

- **Freckle:**

- Overactivity of an increased **number of melanocytes** (number more than activity).
- Treatment: Sun block, bleaching cream and pigmented laser (recurrence)

- **Melanocytic naevi (mole):**

- **Acquired MN:** very common, small, uniform, no need for treatment except **ABCD**.
- **Congenital MN:** variable size could be Giant CMN (Bathing trunk) could harbor "Malignant melanoma" Higher risk of developing malignant melanoma than the Acquired MN.

- **Melasma (chloasma):**

- Genetically programmed increase in **melanogenesis** (increase in activity more than number) Affecting the Face Could be induced by Pregnancy, OCP and excessive Sun exposure

- **Vitiligo:**

- Acquired depigmentation (loss of melanocyte) "Kobner phenomena": dermatologic disease occur in the site of the truma could be (vitiligo, psorss, eczema).

Questions:

1) Thirty years old patient presented with multiple bilateral symmetrical depigmented patches over Face, trunk and extremities for 3 months. What is the melanocyte pathology?

- A. decrease activity
- B. Increase activity
- C. Increase in melanocyte number
- D. Absence of melanocytes

2) A 50 year---old male who had vitiligo more than 30 years. His vitiligo involving more than 97% of His body. What is the best treatment option for this patient?

- A. Topical steroids.
- B. systemic steroids.
- C. Melanocyte transplant
- D. Depigmentation.

3) A 6 year---old girl presented with bilateral white patches. In case it is vitiligo, what you see under Wood'slamp?

- A. A color whiter than normal skin
- B. A color darker than normal skin
- C. Similar color to normal skin
- D. A Golden green color

1-D

2-D

3-A