



433 Teams

DERMATOLOGY

Lecture (15)

Pigmentary disorders

derm433team@gmail.com



جامعة
الملك سعود
King Saud University



Objectives:

#Pathogenesis, features and management of different pigmentary disorders including:

Freckle

Different types of Melanocytic naevi

Melasma

Vitiligo

Color index: [slides](#), [doctor notes](#), [432 notes](#)

Freckle (Lentigo):

- Overactivity of an increased no. of melanocytes.
- Fair individuals (**white people**)
- Sun exposure in genetically predisposed individuals
- **Affect sun exposed area (face, forearm)**

Treatment:

- Sun block & bleaching cream
- Pigmented laser (recurrence)



Melanocytic naevi (mole):

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

ABCD: 1-Assymetry 2-irregular Border 3-irregular Color 4-Dimeter more the 6mm 5-bloody and painful

The chance of conversion to malignant melanoma (killer)



B-Congenital MN:

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



C- Atypical naevi (dysplastic, pre-malignant):

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



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



E-Halo naevi: compound naevi with halo of depigmentation.



F-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



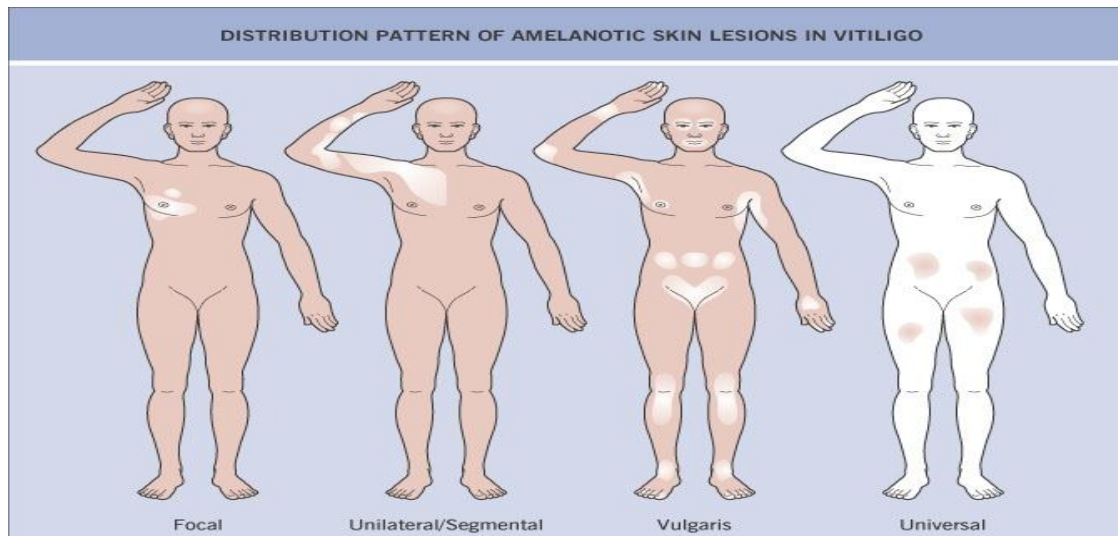
Vitiligo:

Acquired depigmentation (**loss of melanocyte**) "Kobner phenomena":
dermatologic disease occur in the site of the trauma could be
(vitiligo, psoriasis, 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 Benzoquin (Used as final solution when the vitiligo is more than 50% of the skin).

Done By:

Mohammed Alshammari	Ahmad Alonizy
Musab Almasry	

