Texas Children's Hospital

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Dermatology Service
PCP Referral Guidelines- Vitiligo

Diagnosis: **VITILIGO**

GENERAL INFORMATION:

- It is important to note that there is no cure for vitiligo, and that despite maximal therapy, complete repigmentation is rarely achieved and that recurrence following repigmentation is likely.
- Not all children warrant active therapy. This depends on the age of the patient, location and extent, and cultural beliefs.
- If topical therapies are initiated, it may take 3-6 months of topical therapy before improvement is noted.
- Laboratory tests **are not** routinely recommended. Testing for autoimmune disease (i.e., thyroid) should be considered only if family history or clinical signs or symptoms suggest an increased risk.
- In some patients, cover-up cosmetics may be appropriate (Dermablend, Covermark).
- Emphasize importance of sun protection as affected areas are more sensitive to the sun. However, small amounts of sun exposure of affected areas (<10 minutes per day) may help repigmentation.
- JAK inhibitors (topical and systemic) are currently being studied but are not currently available in our clinic and still are not a cure for vitiligo.

TREATMENT RECOMMENDATIONS:

- For arms, legs, or trunk: Consider starting triamcinolone 0.1% ointment (or other class 2,3,4 topical steroid) twice daily for 2 weeks, with one week medication holiday, repeating this cycle for 3-6 month trial.
- For eyelids, face, groin, axilla: Consider starting Elidel 1% cream (or other calcineurin inhibitor) twice daily to affected areas.
  - Currently Medicaid is not covering calcineurin inhibitors unless patient also has a history of atopic dermatitis. If patient does not have history of atopic dermatitis 1) for eyelids, recommend deferring therapy, 2) for face, groin, axilla, can use hydrocortisone 2.5% ointment (or other class 5, 6, or 7 topical steroid) twice daily for 2 weeks, with one week medication holiday, repeating this cycle for 3-6 month trial.

REFERRAL GUIDELINES:

- Referral is not necessary if patient/family are not bothered by the appearance of vitiligo and do not wish to pursue treatment.
- If patients are responding to therapy, no referral is necessary. If inadequate improvement is seen with 3-6 month trial of topical therapy, please refer patient.

PATIENT RESOURCES: National Vitiligo Foundation www.vitiligofoundation.org

Educational recommendations are made from the best evidence, expert opinions and consideration for the patients and families cared for by the service. This is NOT intended to impose standards of care preventing selective variation in practice that are necessary to meet the unique needs of individual patients. The physician must consider each patient's circumstance to make the ultimate judgment regarding best care.

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ALTERNATIVE THERAPIES

Calcineurin inhibitors	Pimecrolimus (Elidel)1% cream Tacrolimus (Protopic) 0.03%, 0.1% ointment

Potency	
Class 7 (low potency)	Hydrocortisone 1% ointment, cream Hydrocortisone 2.5% ointment, cream
Class 6 (low potency)	Alclometasone dipropionate 0.05% ointment, cream Triamcinolone acetonide 0.025% cream Triamcinolone acetonide 0.1% cream Desonide 0.05% ointment, cream Fluocinolone acetonide 0.01% ointment, cream
Class 5 (medium potency)	Betamethasone valerate 0.1% cream Clocortolone pivalate 0.1% cream Fluocinolone acetonide 0.025% cream, oil Fluticasone propionate 0.05% cream Flurandrenolide 0.05% cream Hydrocortisone butyrate 0.1% ointment, cream Hydrocortisone probutate 0.1% cream Hydrocortisone valerate 0.2% cream Prednicarbate 0.1% ointment, cream Triamcinolone 0.025% ointment
Class 4 (medium potency)	Desoximetasone 0.05% cream Fluocinolone acetonide 0.025 % ointment Flurandrenolide 0.05% ointment Hydrocortisone valerate 0.2% ointment Mometasone furoate 0.1% cream Triamcionolone acetonide 0.1% cream
Class 3 (high potency)	Amcinonide 0.1% cream Betamethasone dipropionate 0.05% cream Betamethasone valerate 0.1% ointment Diflorasone diacetate 0.05% cream Fluticasone propionate 0.005% ointment Triamcinolone acetonide 0.1% ointment Triamcinolone acetonide 0.05% cream
Class 2 (high potency)	Amcinonide 0.1% ointment Betamethasone dipropionate 0.05% ointment, cream Clobetasol propionate 0.05% solution Desoximetasone 0.025% ointment, cream Diflorasone diacetate 0.05% ointment, cream Fluocinonide 0.05% ointment, cream, solution Halcinonide 0.1% ointment, cream Mometasone furoate 0.1% ointment Triamcinolone acetonide 0.5% ointment

- Modified from Bolognia JL, Jorizzo JL, Schaffer JV. Glucocorticosteroids. *Dermatology*. 3rd ed. 2012. Ch 125, p. 2079.

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