
Vitiligo

Mauro Picardo • Alain Taïeb
Editors

Vitiligo

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Editors

Mauro Picardo
Cutaneous Physiopathology & CIRM
San Gallicano Dermatological Institute
Rome
Italy

Alain Taïeb
Hôpital Saint André, Service de
Dermatologie Adulte et Pédiatrique
INSERM U 1035, Université de Bordeaux
Bordeaux
France

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Preface to the First Edition

Vitiligo has been, until recently, a rather neglected area in dermatology and medicine. Patients complain about this situation, which has offered avenues to quacks, and has led to the near orphan status of the disease. The apparently, simple and poorly symptomatic presentation of the disease has been a strong disadvantage to its study, as compared to other common chronic skin disorders such as psoriasis and atopic dermatitis. Vitiligo is still considered by doctors as a non disease, a simple aesthetic problem. A good skin-based angle of attack is also lacking because generalized vitiligo is clearly epitomizing the view of skin diseases as simple targets of a systemic unknown dysregulation (diathesis), reflecting the Hippocratic doctrine. This view has mostly restricted vitiligo to the manifestation of an auto-immune diathesis in the past 30 years. Thus, skin events, which are easily detected using skin biopsies in most other situations, have not been precisely recorded, with the argument that a clinical diagnosis was sufficient for the management (or most commonly absence of management) of the patient.

This book is an international effort to summarize the information gathered about this disorder at the clinical, pathophysiological and therapeutic levels. Its primary aim is to bridge current knowledge at the clinical and investigative level, to point to the many unsolved issues, and to delineate future priorities for research. Its impetus was also to provide the best guidelines for integrated patient care, which is currently possible at a very limited number of places around the world, especially for surgical procedures.

A striking feature in the vitiligo field was, until recently, the absence of consensus on definitions, nomenclature, and outcome measures. With a group of European dermatologists, who had a strong interest in vitiligo and pigment cell research, we had launched some years ago, the Vitiligo European Task Force (VETF). The VETF has addressed those issues as a priority. This group, joined by other colleagues from the rest of the world also involved in the vitiligo research community, has communicated its experience in this book. We have tried to pilot the editing of the book according to consistent principles based on discussions held at VETF meetings and international IPCC (international pigment cell conference) workshops. However, some areas remain controversial and we have highlighted the existing conflicting issues and uncertainties.

After reviewing the field, much needs to be done. In particular, besides basic research based on the many hypotheses raised, new unbiased epidemiological, clinical, histopathological, natural history, and therapeutic data are

clearly needed. They should be confronted by genetics and other investigative variables to better define the disease and its subsets. We hope that the combined efforts of all participating authors will prove useful to bring more attention to this field, and we are confident that both the research community (the mystery of melanocyte loss in vitiligo is a true scientific challenge) and the drug industry (the potential market is large) will be stimulated to bring in new treatment strategies to this large number of patients with unmet needs.

Bordeaux, France
Rome, Italy

Alain Taïeb
Mauro Picardo

Preface to the Second Edition

Nearly 10 years after the first edition, it was necessary to update but also to reassess the field more globally. What has changed in our vision of vitiligo in about a decade?

Developments in the field have included classification, identification of new identities, pathogenic mechanisms, investigation of normal appearing skin, and new approaches for diagnosis, treatment, and maintenance of treatment, just to mention a few. To reflect the expansion of the field, we have benefited of the expertise of a larger community of scientists and physicians, but in parallel we also tried to improve the book plan with the underlying challenging endeavor to simplify and limit redundancies.

For disease definition, clinical aspects have been better delineated, and international efforts conducted under the auspices of the Vitiligo Global Issues Consensus Conferences have simplified nomenclature and classification as well as scoring and paved the way to more uniform outcome research tools. Considering disease expression, the epidemic of vitiligo depigmentation caused by immunotherapies has questioned the immune mechanisms of melanocyte loss in common vitiligo, a central part of disease pathophysiology.

The basic understanding of the disease for its immune/inflammatory component has undergone significant progresses and seems at work in all subsets of the disease, with immediate practical consequences but also more durable translational perspectives for therapy. Melanocyte stability, melanocyte regeneration, and epigenetics are relatively new fields in terms of basic research explored in this new edition with also important potential added value for therapy.

For therapy, our perspective has clearly changed over the last decade for segmental vitiligo which was considered previously as poorly or not at all responsive to medical treatment. Given the efficacy of early medical intervention now reported by several investigators, vitiligo of any subtype should better be considered as a therapeutic emergency to avoid irreversible immune/inflammatory losses in pigment cells. The advantage of vitiligo over type 1 diabetes is the visibility and early detection of tissue damage in most patients, allowing more reactivity. However, patients do still complain, and this has not sufficiently changed over the last decade, of the absence of interest of doctors for their disease. Patients' voices are probably better heard with the more coordinated action of patients' advocacies, but much more education is needed for nonspecialist and specialist physicians to use the current medical

and surgical armamentarium for vitiligo. Fortunately, things should change for the availability of registered treatments, since the next decade should clearly be the era of drug development for vitiligo, following for dermatology significant progresses already accomplished for other major skin disorders such as psoriasis, atopic dermatitis, and alopecia areata.

Finally, we want to thank warmly the large group of international colleagues who accepted to participate in this second edition of the book.

Bordeaux, France
Rome, Italy

Alain Taïeb
Mauro Picardo

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Contributors

Setsuya Aiba Department of Dermatology, Tohoku University Graduate School of Medicine, Sendai, Japan

Aleissa Ahmed The National Center of Vitiligo and Psoriasis, Riyadh, Kingdom of Saudi Arabia

Abdulrahman Aljamal The National Center of Vitiligo and Psoriasis, Riyadh, Kingdom of Saudi Arabia

Mohammed Aljamal The National Center of Vitiligo and Psoriasis, Riyadh, Kingdom of Saudi Arabia

Tag S. Anbar (in memory) Department of Dermatology and Andrology, Faculty of Medicine, Al-Minya University, Al-Minya, Egypt

Marco Ardigò San Gallicano Dermatological Institute, IRCCS, Rome, Italy

Ratnam Attili Visakha Institute of Skin and Allergy, Visakhapatnam, India

Markus Böhm Department of Dermatology, University of Münster, Münster, Germany

Laïla Benzekri Department of Dermatology, CHU Ibn Sina, Mohammed V University, Rabat, Morocco

Anuradha Bishnoi Department of Dermatology, Postgraduate Institute of Medical Education and Research, Chandigarh, India

Katia Boniface INSERM U 1035, University of Bordeaux, France
INSERM U1035, BMGIC, Immunodermatology team, ATIP-AVENIR, Université de Bordeaux, Bordeaux, France

Muriel Cario-André INSERM U 1035, Centre de référence des maladies rares de la peau, Université de Bordeaux, Bordeaux, France

Sai Yee Chuah National Skin Centre, Singapore, Singapore

Carlo Cota Dermatopathology Unit, San Gallicano Dermatologic Institute (IRCCS), Rome, Italy

Dipankar De Department of Dermatology, Postgraduate Institute of Medical Education and Research, Chandigarh, India

Maria Lucia Dell'Anna Cutaneous Physiopathology, San Gallicano Dermatological Institute, IFO, Rome, Italy

Véronique Delmas INSERM U1021, Normal and Pathological Development of Melanocytes, Institut Curie, PSL Research University, Orsay, France

Alida DePase Associazione Ricerca Informazione per la Vitiligine (ARIV), Cernusco Lombardone, LC, Italy

Mari Dezawa Department of Stem Cell Biology and Histology, Tohoku University Graduate School of Medicine, Sendai, Japan

Amira A. Eid Department of Dermatology, Venereology and Andrology, Faculty of Medicine, Alexandria University, Alexandria, Egypt

Gisela F. Erf Division of Agriculture, Center of Excellence for Poultry Science, University of Arkansas, Fayetteville, AR, USA

Khaled Ezzedine Service de dermatologie, Hôpital Henri Mondor, France

Emily Yiping Gan National Skin Centre, Singapore, Singapore

Yvon Gauthier Former Consultant, Department of Dermatology, CHU de Bordeaux, France

Boon Kee Goh Skin Physicians Pte Ltd, Mount Elizabeth Medical, Singapore, Singapore

Pearl E. Grimes Vitiligo & Pigmentation Institute of Southern California, Los Angeles, CA, USA

Seung-Kyung Hann Korea Institute of Vitiligo Research, Drs. Woo & Hann's skin clinic, Seoul, South Korea

Candrice Heath Vitiligo & Pigmentation Institute of Southern California, Los Angeles, CA, USA

Rehab A. Hegazy Department of Dermatology, Faculty of Medicine, Cairo University, Cairo, Egypt

Steven W. Henning Oncology Research Institute, Loyola University Chicago, Maywood, IL, USA

Thomas Jouary Service de Dermatologie, Hôpital Saint André, CHU de Bordeaux, Bordeaux, France

Hee Young Kang Department of Dermatology, Ajou University School of Medicine, Suwon, Korea

Panagiota Kostopoulou Service de Dermatologie, Hôpital Saint André, Bordeaux, France

Daniela Kovacs Cutaneous Physiopathology and Integrated Center of Metabolomics Research, San Gallicano Dermatologic Institute (IRCCS), Rome, Italy

Prasad Kumarasinghe Department of Dermatology, Royal Perth Hospital, Perth, WA, Australia

Cheng-Che Eric Lan Department of Dermatology, Kaohsiung Medical University, Kaohsiung, Taiwan

Lionel Larue INSERM U1021, Normal and Pathological Development of Melanocytes, Institut Curie, PSL Research University, Orsay, France

I. Caroline Le Poole Professor of Dermatology, Microbiology and Immunology Northwestern University at Chicago, IL, USA

Giovanni Leone San Gallicano Dermatological Institute IRCCS, Rome, Italy

Henry W. Lim Henry Ford Immunology Program, Department of Dermatology, Henry Ford Hospital, Detroit, MI, USA

Jean-Marie Meurant Association Française du Vitiligo, Paris, France

Qing-Sheng Mi Henry Ford Immunology Program, Department of Dermatology, Henry Ford Hospital, Detroit, MI, USA

Silvia Moretti Division of Clinical Preventive and Oncologic Dermatology, University of Florence, Florence, Italy

Fanny Morice-Picard Department of Dermatology, Hôpital Pellegrin-Enfants, Bordeaux, France

Sanjeev Mulekar The National Center of Vitiligo and Psoriasis, Riyadh, Kingdom of Saudi Arabia

Onyeka Obioha Vitiligo and Pigmentation Institute of Southern California, Los Angeles, CA, USA

Jean-Paul Ortonne Department of Dermatology, Archet-2 hospital, Nice, France

Alessia Pacifico San Gallicano Dermatological Institute, IRCCS, Rome, Italy

Davinder Parsad Department of Dermatology, Postgraduate Institute of Medical Education and Research, Chandigarh, India

Thierry Passeron Department of Dermatology, University Hospital of Nice, Nice Cedex 3, France

Mauro Picardo Cutaneous Physiopathology and CIRM, San Gallicano Dermatological Institute, IRCCS, Rome, Italy

M. Ramam Department of Dermatology and Venereology, All India Institute of Medical Sciences, New Delhi, India

Julien Seneschal Service de dermatologie, Hôpital St André, CHU de Bordeaux, Bordeaux, France

Suzan Shalaby Department of Dermatology, Faculty of Medicine, Cairo University, Cairo, Egypt

Reinhart Speeckaert Department of Dermatology, Ghent University Hospital, Ghent, Belgium

Richard A. Spritz Human Medical Genetics and Genomics Program,
University of Colorado School of Medicine, Aurora, CO, USA

Department of Pediatrics, University of Colorado School of Medicine,
Aurora, CO, USA

Alain Taïeb Service de Dermatologie, Hôpital St André, CHU de Bordeaux,
Bordeaux, France

Department of Dermatology and Pediatric Dermatology, Bordeaux University
Hospitals, and INSERM U 1035, University of Bordeaux, Bordeaux, France

Steven Thng National Skin Centre, Singapore, Singapore

Kenichiro Tsuchiyama Department of Dermatology, Tohoku University
Graduate School of Medicine, Sendai, Japan

Wietze Van der Veen Department of Dermatology, Institute for Pigment
Cell Disorders, AMC, Amsterdam, The Netherlands

Nanja van Geel Department of Dermatology, Ghent University Hospital,
Ghent, Belgium

Carole Van Haverbeke Department of Dermatology, Ghent University
Hospital, Ghent, Belgium

Charlotte Vrijman Department of Dermatology, Ziekenhuisgroep Twente,
Hengelo, Netherlands

Kirsten C. Webb Division of Dermatology, Department of Medicine,
Loyola University Chicago, Maywood, IL, USA

Ching-Shuang Wu Faculty of Biomedical Laboratory Science, Kaohsiung
Medical University, Kaohsiung, Taiwan

Savita Yadav Department of Dermatology and Venereology, All India
Institute of Medical Sciences, New Delhi, India

Kenshi Yamazaki Department of Dermatology, Tohoku University Graduate
School of Medicine, Sendai, Japan

Hsin-Su Yu Department of Dermatology, Kaohsiung Medical University,
Kaohsiung, Taiwan

Li Zhou Henry Ford Immunology Program, Department of Dermatology,
Henry Ford Hospital, Detroit, MI, USA