Vitiligo is an acquired skin disorder caused by disappearance of the pigment cells from the epidermis. It is characterized by well-defined white patches that are often symmetrically distributed.\(^1\) Vitiligo occurs worldwide without racial, regional or gender differences. It can begin at any age with almost half the patients presenting before the age of 20 years. The disease is characterized according to the extent of involvement and pattern of depigmentation.\(^1\) The most characteristic types include generalized vitiligo, focal vitiligo, acral vitiligo, acrofacial vitiligo, segmental vitiligo and vitiligo universalis.\(^2\) There is paucity of epidemiological studies about this common skin disease in Pakistan.\(^4\) The aim of the study was to determine the clinical patterns of vitiligo in a Pakistani population presenting to a tertiary care hospital.

The study was conducted at Combined Military Hospital, Panu Aqil. Patients of all age groups and gender, having clinical diagnosis of vitiligo seen over period of 18 months, were included in the study. Diagnosis was based on the findings of acquired, well-demarcated depigmented patches on the skin, with no associated inflammation. Diagnosis was substantiated with Wood's lamp examination. Data elicited information on the age, gender, age at onset of disease, duration of disease at presentation, the clinical type of vitiligo, initial site of the lesions, family history and presence or absence of Koebner phenomenon and associated diseases.

Statistical Package for Social Sciences SPSS-14 was used to manage and analyze the data. Descriptive statistics (mean, percentages and frequency distribution) were used to evaluate the results.

Of the 230 patients, male patients were 124 (53.9%) and female patients were 106 (46.1%). Males were more commonly affected. The disease affected all age groups. Mean age at presentation was 27.02 ± 18.34 years and age at presentation ranged from 5.5 months to 82 years. The mean age at onset was 22.03 ± 16.97 years with majority 30.4% (n=70), developing vitiligo in first decade of life. Generalized vitiligo was the most common type (n=132, 57.4%) followed by focal (n=53, 23%) and acro-facial vitiligo (n=16, 7%). Head and neck was the most common initial site of onset (n=100, 43.48%). Koebner phenomenon was observed in 72 patients (31.3%), family history was present in 64 patients (27.8%) and 16 patients (7%) had associated diseases.

**Key words:** Clinical pattern. Pakistan. Vitiligo.

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and associated diseases in 16 patients (7.0%) as shown in Table I.

Associated systemic diseases included chronic hepatitis-C (n=5, 2.17%), rheumatoid arthritis (n=2, 0.87%) and insulin dependent diabetes mellitus (n=2, 0.87%). Premature graying of hair (n=5, 2.17%), Alopecia areata (n=3, 1.3%) and Lichen planus (n=1, 0.43%) were other associations. Two associated diseases were found in 2 patients (0.87%). One patient had chronic hepatitis C and rheumatoid arthritis while, another patient had chronic hepatitis-C and Lichen planus. Associated diseases were more common in patients with generalized vitiligo (Table I).

This study revealed similar results as described in previous studies with regards to the age at presentation, gender distribution, mean age at onset, decade-wise onset of disease, the frequency of clinical types, initial site of the lesions, family history, presence or absence of Koebner phenomenon and the presence of associated diseases. Segmental vitiligo had an earlier onset, which is also consistent with previous studies. Some studies have shown lesser average duration of the disease as compared to that in this study. Poverty, lack of education and awareness with tendency to consult quacks, non-availability of health care facilities and paucity of trained dermatologists may be the underlying reasons for longer duration of disease at presentation and delay in seeking dermatological consultation in these patients.

It is interesting to note that in spite of head and neck being the most common initial sites of onset of vitiligo in these patients, which may be cosmetically most disturbing; the interval between onset and presentation was relatively longer. This further supports the underlying reasons mentioned above for delay in seeking dermatological consultation in our patients.

**REFERENCES**


