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OCULAR MANIFESTATIONS OF VITILIGO

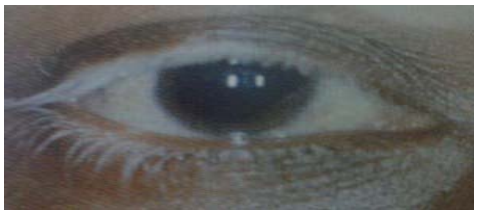
SUGANYA M
Department of Ophthalmology, STANLEY MEDICAL COLLEGE AND HOSPITAL

Abstract : Cross-sectional hospital based study to evaluate prevalence of ocular findings in patients with vitiligo not on any treatment and reveal risk factors that might increase risk of ocular manifestations. Age, sex, duration, family Ho., autoimmune diseases, anatomic distribution of lesions and ocular findings in 75 patients diagnosed as vitiligo was studied. BCVA, SLE, Gonioscopy, Fundus Examination and IOP measurement were done. Of 75 patients, ocular manifestations present in 40percent.Ocular findings included most commonly depigmentation of lids poliosis(60 percent) Iris hypo pigmentation (23percent)Uveitis (10percent)Fundus changes like hypo pigmented patches, peripapillary atrophy, chorio-retinal degenerations(14percent) Mean age of patients-35 yrs. Mean duration of vitiligo 10 yrs. MF-Equal. Anatomical distribution (peri-ocular, facial and generalised vitiligo) and increased duration of vitiligo found to have increased risk of ocular manifestations.

Keyword : Vitiligo, Ocular manifestations, Poliosis

INTRODUCTION:

Vitiligo is an acquired, chronic, idiopathic disease of skin and mucous membrane characterised by circumscribed depigmented macules and patches due to destruction of melanocytes. Theories regarding melanocyte destruction include autoimmune mechanisms, cytotoxic mechanisms, intrinsic defect of melanocytes, neural mechanisms, oxidant-antioxidant mechanisms. It involves 1% of population and equal in all races and both genders. Eyes are one of the most important organs involved in patients with vitiligo.



Poliosis

Periocular Vitiligo

Ocular findings include depigmentation of eyelids&poliosis, uveitis, iris hypopigmentation, RPE atrophy, peripapillary atrophy, diffuse or focal hypopigmented spots on retina. VKH syndrome ,Alezzandrini syndrome, Waardenberg syndrome are associated with vitiligo.

AIM OF THE STUDY:

To evaluate

- the prevalence of ocular findings in patients with vitiligo
- to reveal risk factors that might increase the risk of ocular manifestations.

MATERIALS AND METHODS:

A Cross sectional hospital based study was done on vitiligo patients not on any treatment, between November 2014 & April 2015, after obtaining ethical committee approval. Sample size: 75 Age/gender, duration of vitiligo, positive family history, association with autoimmune diseases, anatomic distribution of depigmented macules were noted.

Inclusion criteria:

Patients with vitiligo of all age and both sex not on any treatment.

Exclusion criteria:

Patients with other coexisting skin diseases and systemic/ocular disorders Ophthalmic examination included Best corrected visual acuity Slit lamp biomicroscopy IOP by applanation tonometry Gonioscopy Fundus examination

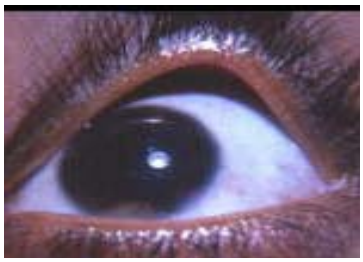
RESULTS:

Of 75 patients, ocular manifestations were present in 40%.
Mean age = 35±15.
Mean duration of vitiligo = 10 yrs.
M: F-Equal.

Ocular findings
Depigmentation of lids and poliosis (60%)

Poliosis With Depigmented Lid
Iris hypopigmentation (23%)

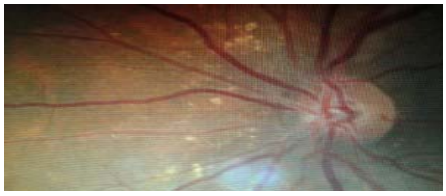
Facial Vitiligo with Iris Hypopigmentation



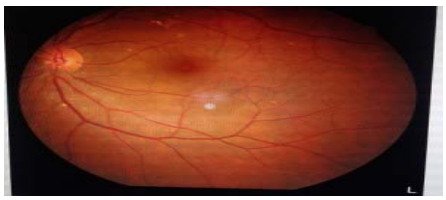
Iris Hypopigmentation
bilateral Anterior non granulomatous Uveitis (10%)

Mucosal Vitiligo Lips With B/L Anterior Uveitis

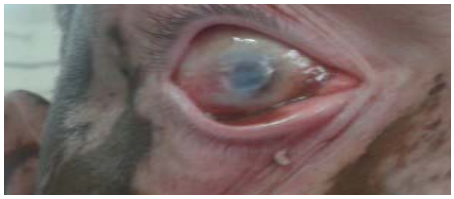
B/L Anterior Uveitis With Iris Depigmentation
Fundus changes like hypopigmented patches, peripapillary atrophy (14%)



Fundus Hypopigmented spots

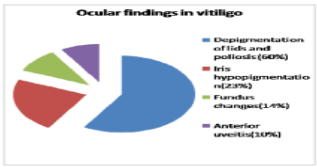


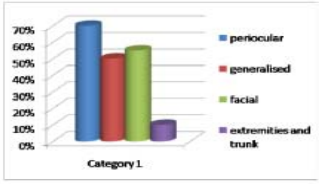
Fundus Hypopigmented spots



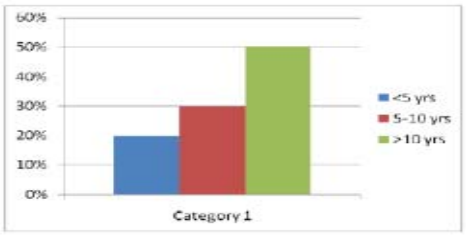
Acrofacial Vitiligo with Sclerocornea

Acrofacial Vitiligo With Sclerocornea
findings like VKH syndrome and other retinal inflammations were not present in our study.
DATA ANALYSIS





OCULAR MANIFESTATIONS BASED ON ANATOMICAL DISTRIBUTION OF VITILIGO



OCULAR MANIFESTATIONS BASED ON DURATION OF VITILIGO

DISCUSSION:

Destruction of melanocytes in vitiligo is caused by a combination of immunological and cytotoxic mechanisms. In addition to cutaneous melanocytes ,melanin containing cells of leptomeninges, inner ear and eye are also involved. uveal melanocytes and RPE are targeted in eyes. the factors that were found to have associated with increased risk of ocular manifestation include anatomic distribution (mainly periocular, genital, generalised vitiligo), increased duration of vitiligo, presence of autoimmune disease and positive family history. In our study, though ocular manifestations were present in 40% of patients, VKH SYNDROME and other associated syndromes were not present in our study. In our study, anatomic distribution of vitiligo(mainly periocular, facial and generalised) was found to have a significant association with ocular involvement. since only one patient in our study had genital vitiligo, but without any ocular findings ,the association between genital vitiligo and ocular manifestation could not be established in our study. Increased duration of vitiligo is also associated with increased risk of ocular manifestations in our study. Results of our study were similar to the study conducted by Biswas et al on clinical pattern of ocular manifestations in vitiligo in august 2003. Golnaz mehran et al on prevalence of ocular findings in vitiligo in the year 2007 april. Bulbul baskan et al on vitiligo & ocular findings-study on possible associations in the year 2006 august Cowan et al on ocular manifestations of vitiligo

CONCLUSION

Anatomical distribution (peri-ocular, facial, and generalised vitiligo) & increased duration of vitiligo were found to have increased risk of ocular manifestations in our study. However a long term study with larger sample size is required to establish association between other risk factors and ocular manifestations.

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