

IMAGES IN DERMATOLOGY

Vitiligo ponctué

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Figure 1

A woman with Fitzpatrick skin type VI and no medical history, presented to dermatologic consult with multiple follicular, achromic and hypochromic macules located in the back (Fig. 1), some of them confluent (Fig. 1). The lesions had a white fluorescence under Wood's light. The macules had appeared 3 months before and she had not received treatment. She denied relevant lesions in other parts of the body. On physical examination, some achromic perioral lesions and

acral achromic macules located on both palms were noticed. A diagnosis of vitiligo *ponctué* was made. The patient was treated with narrowband UVB phototherapy and topical corticosteroids, showing an excellent response. Also known as leukoderma punctata, this entity may be secondary to treatment with phototherapy in some cases, while in other cases it is due to high activity of the disease, as in our patient. Besides, it raises the differential diagnosis of folliculotropic mycosis fungoides, a disorder that carries a worse prognosis. It's an opportunity to remember the importance of a complete examination, with a thorough physical exam and a rich anamnesis, and when doubt arrives, with a biopsy.

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