

# Inflammatory vitiligo: Clinical and dermoscopic aspects

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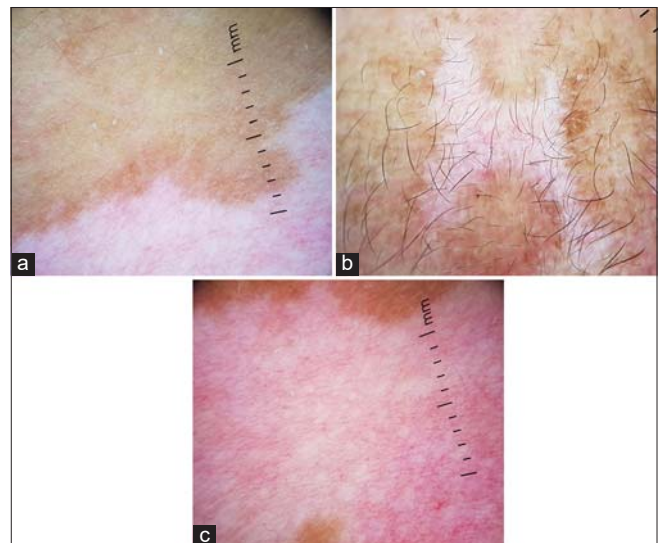
Vitiligo is a common acquired hypopigmentary disorder, affecting up to 2% of the general population [1]. The inflammatory form is very rare, concerning only 5% of all cases of vitiligo. It is clinically characterized by erythema, desquamation or perilesional hyperpigmentation, and constant pruritus [2]. It is an active form of vitiligo, which is histologically characterized by a significantly higher frequency of inflammatory cell infiltrates and interface dermatitis [3].

A sixty-year-old female presented with a history of extensive vitiligo of the trunk and limbs evolving for the last thirty years without follow-up. Because of acute stress caused by the COVID-19 pandemic, the patient developed achromic, erythematous, and very itchy patches on the face and neck, for which she had applied no treatment. She did not expose herself to the sun, especially since the patient hides the neck with a scarf before leaving and since the last three months were spent in confinement.

An examination revealed several achromic and erythematous macules on the face and neck (Figs. 1a and 1b). The lesions were not scaly but very itchy. Dermoscopy revealed a characteristic appearance with perilesional hyperpigmentation of all lesions that was invisible to the naked eye and an erythematous background crossed by rich irregular linear vascularization, forming a network in some places (Figs. 2a – 2c). With a Wood's lamp, we noted an ivory-white fluorescent appearance. We, therefore, concluded that the diagnosis was inflammatory vitiligo.



**Figure 1:** Achromic and erythematous patches on (a) the face and (b) the neck.



**Figure 2:** Dermoscopy revealing (a-b) perilesional hyperpigmentation of all lesions and (c) an erythematous background crossed by rich irregular linear vascularization, forming a network in some places.

## Consent

The examination of the patient was conducted according to the principles of the Declaration of Helsinki.

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The authors certify that they have obtained all appropriate patient consent forms, in which the patients gave their consent for images and other clinical information to be included in the journal. The patients understand that their names and initials will not be published and due effort will be made to conceal their identity, but that anonymity cannot be guaranteed.

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