

## Full information concerning vitiligo that causes cosmetological problems

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**Abstract:** This article illustrates more information about vitiligo which is widely known as white spot. Therefore, it also provides some causes of this disease likewise its prevalence, development and treatment.

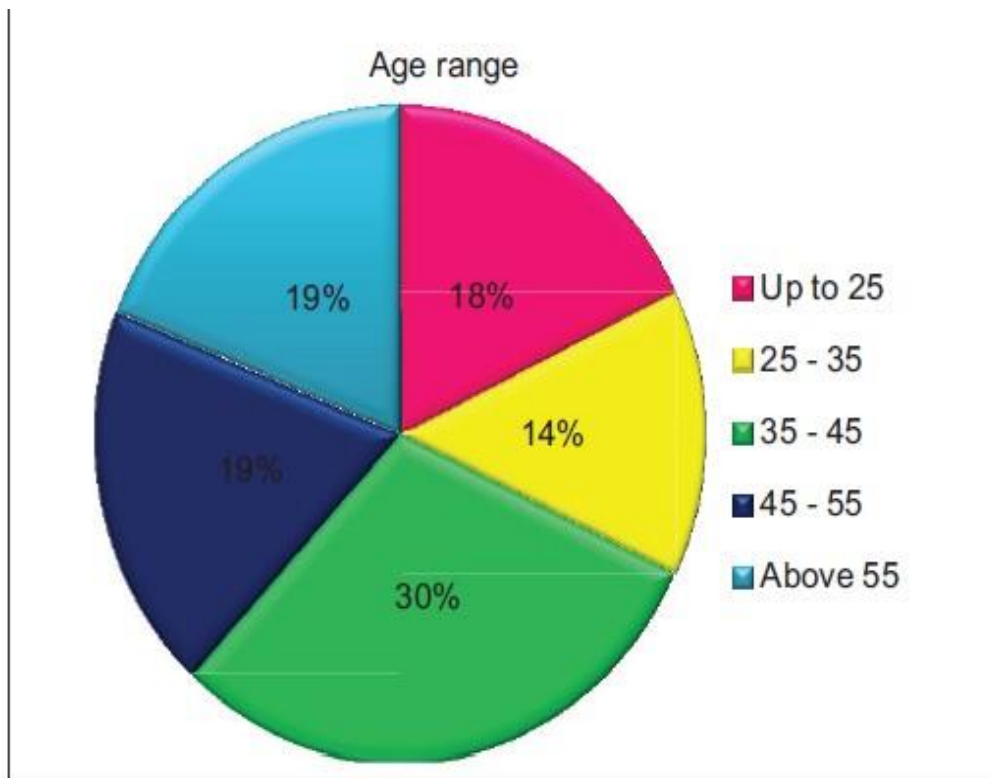
**Key words:** Hypomelanosis, Melanin, Allergic, Hyperpigmentation, Infection, Micropigmentation, Light Therapy.

### **Introduction**

Vitiligo is a cosmetological disease of the skin that expressed as the appearance of depigmentation on the skin. The disease is not dependent on gender, age or race. Most of people do not know much about Vitiligo. So that they consider it as contagious or passed down from generation to generation. Vitiligo is not an infectious or allergic illness and also it is not transmitted to the people around it. A person ,who has vitiligo is described as hypomelanosis. Dermatologists believe that white spots are a complication of chronic diseases that the patients have experienced before. Symmetrical white spots often appear on the skin.

The etiology and pathogenesis of vitiligo have not been completely learned yet. I ought to mention that most researchers describe the onset of vitiligo with neurogenic, endocrine and immune theories. Exogenous and endogenous factors play a big role in its development. External factors consist of stress mechanical impact and injury (kebner phenomenon), expose to excessive ultraviolet light and chemicals. We can see somatic and infectious diseases in endogenous factors, like autoimmune thyroiditis , rheumatoid arthritis, erythema, infectious or toxic liver disease. The clinical course of vitiligo is confirmed by high absorption of radioactive iodine by the thyroid gland. In recent years the problem of immunosuppression in patients with vitiligo has been discussed widely. Vitiligo is also caused by tablets that affect the pigmentation function of melanocytes.

The prevalence of vitiligo is approximately 0,5-2% of people worldwide , including adults and children.



**Graph 1:** Pie chart showing the age distribution among the 100 vitiligo patients

In vitiligo, the number of melanocytes in the white spotted skin is significantly reduced or it is not observed at the site of injury. Consequently, skin pigment melanin is not synthesized by melanocytes or is produced in very small amounts.

In vitiligo, white spots appear on various parts of the skin. The spots are round or oval in shape and easy to recognise when we compare it with surrounding healthy skin. The skin around the depigmented spot can be normal pigmented or hyperpigmented. The white spot gradually extends and they can merge. Patients often do not notice the onset of the disease. The skin steadily whitens, sometimes with sudden whitening. Before the formation of white spots, itching of the skin may be a little dandruff. The most common spots are on the fingers, joints, around the eyes and mouth, neck, hands as well as on the skin folds.

The goal of medical treatment is to restore the skin's color by restoring its colour (repigmentation) or removing the remaining colour (depigmentation).

General methods of treatment:

- Camouflage therapy;
- Repigmentation therapy;
- light therapy;
- surgery.

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**Camouflage therapy:**

Use sunscreen with an SPF of 30 or higher. And also sunscreen should protect against ultraviolet B and ultraviolet A rays (UVB and UVA). Using sunscreen decreases tanning and the difference between affected and normal skin. Makeup is useful to camouflage depigmented areas. Use hair dyes, if vitiligo affects the hair. If the disease is widespread, depigmentation therapy with monobenzone may be used. This drug is applied to pigmented areas of the skin and turns them into a colour that corresponds to the area of white spots.

**Repigmentation therapy:**

Corticosteroids can be taken orally (as a tablet) or topically (as a skin cream). The doctor monitor the patient for any side effects that. Because if it is used for a long time, may result in thinning of the skin or the appearance of streaks.

**Light therapy:**

Narrow-range ultraviolet B (NB-UVB) requires two or three treatment sessions per week for few months. Excimer lasers emit UVB rays close to the narrow range of ultraviolet light. This is better for small spots. The combination of oral psoralen and UVA (PUVA) is used to treat large areas of skin with vitiligo. This treatment is helpful for people with vitiligo for the head, neck, body, arms and legs.

**Surgery:**

Autologous (from the patient) skin transplantation: the skin is removed from one part of the patient and used to cover another part. Possible complications include scarring, infection or lack of repigmentation. Micropigmentation: a type of tattoo that is commonly used on the lips of people with vitiligo.

**Tip:**

Vitiligo causes psychological distress and the ability to negatively affect a person's worldview and social relationships. How can vitiligo be prevented?

Since no one knows exactly what causes vitiligo, how to prevent it is a pressing issue. In general, it is good for everyone to take care of their health and take good care of their skin.

About 10-20% of people with vitiligo have a complete recovery of skin colour. In some areas, the skin on the lips and limbs, especially those with vitiligo on the hands, is less prone to regeneration. When you read about vitiligo, you may find in many places that vitiligo is not life-threatening, but life-changing. Because a lot of people think that beauty and appearance are the most vital and they do not want to stand out. This is especially true for women.

To get rid of vitiligo, you need to see a doctor in time and take treatment from time to time.

In summary people with this disease suffer from psychological disorders owing to the views of others. And that, in turn, leads to the development of secondary diseases. That's why our doctors should be able to make the right choices and the right direction.

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