Medicine in the humanitarian sector

The contribution of skin camouflage volunteers in the management of vitiligo

Uruakanwa Ekwegh

British Red Cross, Manchester, UK

Correspondence to Dr Uruakanwa Ekwegh, uekwegh@live.com

Summary

A 52-year-old woman with recently diagnosed vitiligo presented at the Skin Camouflage Clinic of the British Red Cross. She found these hypo-pigmented patches very distressing and wanted to be able to cover them up. She was referred to the clinic by her general practitioner. This service of the British Red Cross is run by volunteers and helps the patient find suitable creams, foundations and powders that even out the skin tone and so disguise skin conditions. This patient was taught how to apply the cream and left the clinic with an appreciably improved mood. Observational studies have highlighted an improvement in quality of life after the introduction of skin camouflage for vitiligo. This is a free service in the Red Cross and is a necessary part of its management, equipping the patient with practical ways to cope with a condition that does not usually respond well to treatment.

BACKGROUND

Vitiligo is very common and can be very distressing, especially among African and Asian people. Vitiligo usually occurs in childhood and early adulthood and so such a late presentation may be more distressing as it may be harder to adjust to.

The Skin Camouflage Clinic of the British Red Cross should be recognised as a part of the management of vitiligo and other skin pigmentation disorders. They offer care that more general practitioners (GPs) should know of and recommend as it will make a difference in the well-being of their patients.

CASE PRESENTATION

A 52-year-old woman presented at the Skin Camouflage Clinic of the British Red Cross after obtaining a referral from her GP.

She had presented at her GP with a single white patch on her left forearm 7 months ago; as it did not look suspicious, her doctor simply offered reassurance. Soon after presentation, she noticed more white patches across both upper limbs and her neck.

These changes to her skin resulted in low moods: she was weeping in the mornings and felt extremely self-conscious. She was worried about getting stares from people she would have to interact with at work. She is a Muslim and was considering donning the full burkha just to ensure the hypo-pigmented patches were covered up. She had already spent money on bangles and scarves to cover up the patches. Her GP referred her to a dermatologist to confirm the diagnosis.

She noticed that the patches had spread to her face and neck. This caused her more distress and she asked for advice from her GP on how to cover up these patches that was when she was referred to the Skin Camouflage Clinic of the British Red Cross.

INVESTIGATIONS

The dermatologist performed a skin biopsy that confirmed a diagnosis of vitiligo.

TREATMENT

The dermatologist prescribed hydrocortisone cream, which she was to trial on a patch around her right shoulder. Phototherapy was also recommended.

The consultation with the skin camouflage volunteer included trying out different creams, foundations and powders to determine the selection of creams and powders that matched her skin tone and covered up the hypo-pigmented patches. The volunteer demonstrated how they were to be applied and in what order, giving her a chance to apply them as well in order to know the techniques involved.

The codes for the products decided on were written out in a report for the GP. This would enable the GP to write a prescription with which she would purchase the products.

She was then sent home with written instructions on how to use the products prescribed and encouraged to come back if she had any issues with or questions about the products.

OUTCOME AND FOLLOW-UP

She left the clinic feeling very hopeful about being able to wear nice clothes for upcoming religious and family celebrations and being able to go to work without having to worry about being stared at. One week later, she had secured two of the three products prescribed and was very happy with the outcome when she applied the camouflage. She remarked that it was much better than make-up.

DISCUSSION

Vitiligo is one of the most prevalent acquired pigmentation conditions.^{1 2} It poses a significant psychosocial burden¹

and can be psychologically traumatic, especially in African and Asian people.²

Observational studies have shown skin camouflage to significantly improve Dermatology Life Quality Index^{1 3} as well as their perception of stigmatisation as a result of vitiligo, especially on the face. In fact, studies have confirmed that cosmetic camouflage is indispensable in vitiligo involving the face, neck and hands.

Female patients experience significantly more impairment in their quality of life than men, being more influenced in their choice of clothing and being more embarrassed and self conscious.¹ Furthermore, available medical therapies for vitiligo are inadequate and often fall short of the patient's expectations.^{1 4} Considering that the application of skin camouflage has been demonstrated in studies to promote social and psychological well-being,^{3 4} referral to a camouflage clinic is an essential part of management.

Patient education is essential for the patients to enjoy camouflage; the procedure of skin camouflage cannot be easily explained in writing and the patients would need a demonstration of how to camouflage their vitiligo.⁴ Being able to observe and practice under guidance the application of the camouflage while in the clinic makes it easier to use the camouflage in everyday life.

Learning points

- ▶ Vitiligo has devastating psychosocial consequences, particularly in Asian and African patients; doctors should therefore ensure that all options to limit distress are explored.
- ▶ Vitiligo is particularly distressing in female patients; physicians should pay particular attention to the full impact of vitiligo in women.
- ▶ Skin camouflage is a pertinent and effective treatment option in the management of vitiligo, significantly improving quality of life.
- ▶ The Skin Camouflage Clinic is a free service offered by the British Red Cross and staffed by trained volunteers. Partnering with these volunteer services results in a more comprehensive and cost-effective management of patients with skin conditions.

Competing interests None.

Patient consent Obtained.

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