

Lumbosacral Vitiligo Revealing Vogt-Koyanagi-Harada Disease

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ABSTRACT

Lumbar localization of vitiligo is rare and that of the sacral region is exceptional. Vogt-Koyanagi-Harada (VKH) disease also remains an unusual etiology of vitiligo (1.4% of cases). Vitiligo may rarely be the first clinical sign of this disease. We report the original observation of lumbosacral vitiligo revealing VKH disease in a 66-year-old Tunisian woman. Early diagnosis and appropriate management are necessary since the vitiligo associated with VKH disease can be reversible under treatment.

Key words: Lumbosacral region, vitiligo, Vogt-Koyanagi-Harada disease

Vogt-Koyanagi-Harada disease (VKH) is an autoimmune disease characterized by the association of recurrent posterior uveitis with polymorphic extraocular involvement: Meningeal, auditory, and skin. Vitiligo, especially from the lumbosacral region, is an exceptional but very suggestive sign of the disease. We are reporting a case.

A 66-year-old Tunisian woman, type 2 diabetic and hypertensive, was referred by her ophthalmologist for exploration of recurrent bilateral posterior uveitis. The interrogation found the notion of dizziness and a significant decrease in hearing. The ophthalmological examination showed bilateral non-granulomatous posterior uveitis, reflex pyramidal syndrome, alopecia areata, poliosis of the eyelashes and eyebrows, and vitiligo of the lumbosacral region [Figures 1 and 2].

Biology showed a moderate biological inflammatory syndrome and lymphopenia at 1100/mm³. Analysis of the cerebrospinal fluid showed aseptic lymphocytic meningitis. The cerebromedullary magnetic resonance imaging was without

abnormalities. Immunological, hormonal, and infectious tests were negative. The diagnosis of VKH was thus retained and the patient was treated with systemic corticosteroids (3 boli of methylprednisolone for 3 days relayed by 1 mg/kg/d of prednisone). The evolution was favorable with an improvement



Figure 1: Lumbar vitiligo

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Figure 2: Vitiligo of the sacral region

in his visual acuity, his hearing, his neurological examination, and normalization of the parameters of the cerebrospinal fluid after 1 month of the treatment.

Lumbar localization of vitiligo is rare: 3.8% in the Japanese series of 144 cases of Tanioka *et al.* and that of the sacral region remains exceptional.^[1] VKH disease also remains an unusual etiology of vitiligo: 1.4% of cases.^[1] Vitiligo

may rarely be the first clinical sign of this disease.^[2] Early diagnosis and appropriate management are necessary since the vitiligo associated with VKH disease can be reversible under treatment.^[3,4]

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