INTRODUCTION

Vitiligo is characterized by well-demarcated white macules and patches on the skin due to the absence of the epidermis's pigmentary cells. The disease is a common skin disorder often associated with other symptoms. The pathogenesis of vitiligo is complex, and the exact etiology is still unknown. The absence and destruction of melanocytes due to cytotoxic mechanisms, autoimmune, intrinsic melanocyte defects, oxidative stress, and neural mechanism is the generally agreed pathophysiology.

The prevalence of vitiligo is estimated at 0.5-2% of the population worldwide. However, the prevalence is significantly different based on the study site. Vitiligo was found to be 0.093% in a study in China, whereas the prevalence was as high as 8.8% in India. Another study at the Dermatology and Venerology Department, Dr. Cipto Mangunkusumo Hospital Jakarta, from January 2015 to December 2017, showed 255 cases of vitiligo, 68 patients of which occurred in children. Vitiligo commonly occurs in childhood or young adulthood. Halder et al. estimated that about half of patients would develop vitiligo at the age of 20 years, and 25% of those have the disease before the age of 8, with a mean age of 4-5 years. Vitiligo affects both genders equally, whereas women and girls often report the disease more frequently, perhaps due to its social factors compared to men and boys.

In contrast to adult vitiligo, childhood vitiligo is more common in females and less frequently associated with other systemic autoimmune and endocrine problems. Vitiligo in childhood is frequently linked to several detrimental outcomes, most notably a significant psychosocial impact and an intractable influence on the child's self-esteem. In an online survey, more than 25% were associated with self-consciousness, difficulty with friendships and schoolwork, teasing, and bullying. In which the vitiligo in the face and legs was reported as the most bothersome site for both children. Not only does it impact children, but vitiligo also has negative psychological consequences for their parents. Andrade et al. showed parents of children with vitiligo have significant psychological problems and poor quality of life (QoL) compared to parents of unaffected children. Furthermore, 13.9% of parents of vitiligo children received...
mental health intervention. Therefore, holistic vitiligo treatment is important for clinicians, especially in childhood vitiligo. Childhood vitiligo’s epidemiology and characteristic data are substantially required for holistic treatments.

METHOD
This retrospective descriptive study of a patient aged 0-18 diagnosed with vitiligo from the interview and medical records of the Dermatovenereology outpatient clinic in Mangusada Hospital, Badung, Bali, from January to September 2023. Patients older than 18 who refused to participate in this study were excluded.

This study included profiling data such as gender, the onset of vitiligo, clinical distribution, risk factors, and family history that suggested influencing the development of vitiligo. This study used a total sampling method and included all the eligible patients during the study’s period. A total of 21 patients were participating in this study. Regarding ethical considerations, this study was approved by the local ethical committee of Mangusada Hospital, Badung, Bali, with the description of Ethical Clearance number 070/10057/RSDM/2023.

RESULTS
Sixty-eight vitiligo patients regularly attended the Dermatovenereology outpatient clinic at Mangusada Hospital during the study period. Of these, 21 vitiligo (30.8%) were under 18 years old. This study found 11 (52%) were female, and 10 patients (48%) were male. One-third of the patients were in elementary school, and only one (5.5%) was in preschool (Table 1).

Most children were 13-15 (23.81%), followed by 7-9 years old, 10-12 years old and 16-18 age group (19.05%). No children under 1 year old were included in this study (Figure 1).

Site of onset vitiligo was reported mostly in the face (21.42%), lower limb (17.85%), scalp, lumbar, and foot (10.71%) (Figure 2). Based on distribution type, this study found that focal distribution was predominant (38.09%), followed by segmental and generalized distribution (23.8%), and acrofacial (14.28%) (Table 1).

DISCUSSION
According to this study, there were more female patients (52%) than male patients (48%) overall. A study by Rahmayanti also showed that the ratio of female to male vitiligo patients was 2:1:1. Women may...
The type of vitiligo from this study is focal distribution, which was predominant (38.09%), followed by a segmental and generalized distribution (23.8%) and acrofacial (14.28%). It is easier for dermatologists to educate patients about vitiligo, specifically when they know the type of lesion the patient has. The limitation of this study is that the retrospective study is relatively short. To represent the vitiligo childhood profile, further research needs more study duration.

CONCLUSIONS

Vitiligo was predominantly affected in a female patient. Idiopathic was the most common risk factor for vitiligo, and focal distribution was the most common type of lesion. Since vitiligo is a cosmetic skin problem and is not contagious or threatening the patient's life, the available treatment is sufficient.

ACKNOWLEDGMENT

The Authors would like to thank the Staff of the Dermatovenereology Clinic at Mangusada Hospital, the parents and the individuals included in this study for participating in this research.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

ETHICS IN PUBLICATION

The current study has been approved by the Local Ethical Committee of Mangusada Hospital Number 070/10057/RSDM/2023, and all samples received signed informed consent.

FUNDING

The current study doesn't receive any specific government or private sector grant.

AUTHOR CONTRIBUTION

All of the authors equally contributed to the study.
REFERENCES


This work is licensed under a Creative Commons Attribution