LETTER TO THE EDITOR

New-onset vitiligo following COVID-19 disease

Abstract

Background: Coronavirus disease 2019 (COVID-19) disease and vaccines have been associated to various skin reactions, which are mostly similar amongst them. New onset of vitiligo and hypopigmentations have been described following COVID-19 vaccination, but never after COVID-19 infection.

Objectives: We present the case of a 45-year-old woman, who developed vitiligo 2 weeks after COVID-19 disease. Skin lesions stabilized after 1 month of initial spreading.

Results: Vitiligo is a relatively common acquired pigmentary disorder, possibly caused by a T CD8+ cell-mediated autoimmune process, which may be enhanced after the immune activation of COVID-19 disease. Molecular mimicry and bystander activation have been advocated as possible pathogenic mechanisms of vitiligo after COVID-19 vaccination. The same mechanisms may also be involved as possible vitiligo triggers during COVID-19 disease.

Conclusions: Clinicians should be aware of this possible autoimmune cutaneous reaction to COVID-19 disease.

Dear Editor,

Coronavirus disease 2019 (COVID-19) has been associated to numerous cutaneous manifestations, including morbilliform and urticarial rashes, vesicular eruptions, purpuric, petechial, livedoid, and acral chilblain-like lesions.^{1,2} In addition, COVID-19 vaccines can cause a variety of skin reactions, mostly similar to the ones reported after COVID-19 infection.^{3,4} New onset of vitiligo and hypopigmentations have been described following COVID-19 vaccination.^{5–8} However, vitiligo has never been described after COVID-19 infection up to date.

A 45-year-old woman presented with sharply demarcated milky-white macules on her limbs, face and trunk (Figure 1a). The first lesions had appeared in early springtime on her axillae, only 2 weeks after mildly

symptomatic, serologically confirmed, COVID-19 disease, in association with anosmia and ageusia. The patient had barely noticed the hypopigmented lesions at first, being more concerned about systemic COVID-19 symptoms. However, during summertime, skin lesions had spread on her upper limbs, trunk, face, groin and lower limbs, becoming more and more visible, in contrast to the patient's tanned skin after sun exposure and the patient decided to seek for medical advice.

In late autumn, when the patient came to our attention, lesions had stabilized, but were still strongly evident, in contrast to the surrounding tanned skin. At clinical examination, the well-defined hypopigmented macules were consistent with nonsegmental stable vitiligo. Also, wood lamp examination confirmed the diagnosis revealing characteristic fluorescence (Figure 1b). Autoimmunity white screenings including thyroid antibodies, anti-nuclear antibodies, rheumatoid factor, as well as complete blood cell count and fasting blood glucose levels, were within normal ranges. The patient did not take any medications and her medical and family history were unremarkable. The patient will undergo narrowband UVB phototherapy to stimulate repigmentation. Written informed consent was obtained from the patient for publication of this case report and any accompanying images.

Vitiligo is an acquired pigmentary disorder affecting 0.5%–2% of the global population. It can be classified considering the clinical involvement as segmental (localized) or non-segmental (generalized) and considering disease activity as stable or progressing.^{7,9} The aetiopathogenesis of vitiligo is still debated, but there is evidence of a possible T CD8+ cell-mediated autoimmune process, triggered by oxidative stress.⁹ Of note, immune activation during COVID-19 disease might increase vitiligo disease activity through a shift towards adaptive type 1 immunity (CD8 T cells and IFN_Y).⁹

Also, Pfizer-BioNTech vaccine BNT162b2 (Cominarty) has already been linked to upregulation of Th1 response, causing increased levels of IL-2, IFN- γ and TNF α . These inflammatory cytokines have been associated to lichen planus reactivation and may also be

This is an open access article under the terms of the Creative Commons Attribution License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited.

^{© 2021} The Authors. Skin Health and Disease published by John Wiley & Sons Ltd on behalf of British Association of Dermatologists.

(a)



FIGURE 1 (a) Vitiligo of the arms: milky-white round confluent macules. (b) Pathognomonic white fluorescence under the wood lamp of vitiligo macules of the arms

involved in the pathogenesis of other autoimmune skin diseases, such as vitiligo.^{10,11}

Up to date, new-onset vitiligo has been described several days after the first dose of mRNA-1273 (Moderna) COVID-19 vaccination, with progression after the second dose, in an otherwise healthy 61-year-old woman. Also, new-onset vitiligo was reported 1 week after the first dose of Pfizer-BioNTech vaccine BNT162b2 (Cominarty) COVID-19 vaccine, in an otherwise healthy 33-year-old woman and in a 58-year-old man with ulcerative colitis.^{5–7} Similarly, aspecific hypopigmentations have been described in two patients as first-dose reactions to mRNA-1273 (Moderna) COVID-19 vaccine or Pfizer-BioNTech vaccine BNT162b2 (Cominarty) (Table 1).⁸

Regarding the onset of vitiligo after COVID-19 vaccination, molecular mimicry and bystander activation have been advocated as possible pathogenic mechanisms.⁷ The same mechanisms of molecular mimicry, defined as cross-reactivity to viral antigens, or of bystander activation, defined as viral-induced release of sequestered self-antigens, may be involved as possible vitiligo triggers during COVID-19 disease itself, inducing a pathogen-specific immune response directed also against host's melanocytes. Indeed, many cutaneous reactions observed after COVID-19 vaccination mimic the skin lesions of SARS-CoV-2 infection itself, suggesting that both similar skin manifestations are more likely to be caused by analogous immune responses, rather than by the virus itself.⁸ Indeed, molecular mimicry-induced autoimmunity has been described between SARS-CoV-2 antigens and host– tissue components.^{4,12}

Noteworthy, a case of bullous pemphigoid arising after COVID-19 infection has already been described after an initial acral vesicular eruption. It has been hypothesized that prolonged skin inflammation during initial viral exanthem may have damaged the basement membrane, rendering it susceptible to the host's immune recognition with subsequent development of autoantibodies.¹²

However, it must be considered that the occurrence of vitiligo after COVID-19 infection might just be coincidental. Indeed, vitiligo has a high global prevalence (0.5%–2%) and has never been associated to COVID-19 disease before.^{7,9} However, the frequency of autoimmune phenomena occurring after COVID-19 disease and the short time between vitiligo occurrence and COVID-19 disease in our patient suggest a possible association of the two entities. Clinicians should be aware of this possible autoimmune cutaneous reaction while further reports and studies are necessary to demonstrate if a causal relationship between COVID-19 infection and vitiligo exists.

CONFLICT OF INTEREST

The authors declare no conflict of interests.

AUTHOR CONTRIBUTIONS

A. Herzum: Conceptualization; Data curation; Formal analysis; Investigation; Methodology; Project administration; Supervision: Validation: Visualization: Writing - original draft; Writing - review & editing. Micalizzi: Conceptualization; Data curation; С. Formal analysis; Investigation; Methodology; Project administration; Supervision; Validation; Visualization; Writing - original draft; Writing - review & editing. M. F. Molle: Conceptualization; Data curation; Formal analysis; Investigation; Methodology; Project administration; Supervision; Validation; Visualization; Writing - original draft; Writing - review & editing. A. Parodi: Conceptualization; Data curation; Formal analysis; Investigation; Methodology; Project administration: Supervision: Validation: Visualization: Writing - original draft; Writing - review & editing.

	Follow- up	1 mont: stable	No follow- up	1 month: Stable	z	
	Prescribed therapy	Tacrolimus ointment BID	Topical calcineurin inhibitor, phototherapy	Antioxidants systemic, helipotherapy	z	
	Chronic therapies	Azathioprine, sulfasalazine	°Z	No	z	
	Comorbidities	Jlcerative colitis	° Z	Vone, ANA + (1:160) nucleolar aattern	7	
	Vitiligo familiar history	°N N	°Z	Yes, 1 father 1	z	
	Wood's lamp examination	consistent with vitiligo	Milky-white appearance	White fluorescence	z	
	Clinical diagnosis	Vitiligo	Vitiligo	Vitiligo	Hypopigmentation	
	r n Localization	Face	Anterior neck after first dose, g spreading to face, neck, chest, abdomen after second dose	Trunk, neck, back	z	
	Onset afte vaccinatio	1 week	Several days after ffirst dose, progressing after second dose	1 week	z	
	Type of vaccination	Pfizer- BioNTech first dose	Moderna mRNA- 1273 first and second dose	Pfizer- BioNTech first dose	n Moderna mRNA- 1273 first dose or Pfizer- BioNTech first dose	
אוובוומיוסוו	Age	5	19	33	own Unknow	
	ient Sex nber	M	ίτ.	Γ.	Unkno	
	Pati Title nun	Vitiligo in a 1 COVID-19- vaccinated patient with ulcerative colitis: coincidence?	New-onset 1 vitiligo following mRNA-1273 (Modema) COVID-19 vaccination.	Sudden onset 1 of vitiligo after COVID-19 vaccine	Cutaneous 2 reactions reported after Moderna and Pfizer COVID-19 vaccination: A registry- based study of 414 cases	orted.
ווב ובלימוובת ממ	n Journal title	Clinical and Experimental Dermatology	Clinical Case Reports	Dermatologic Therapy	Journal of the American Academy of Dermatology	1. male: N. not repo
ו בווכומות	Publication year	2021	cy 2021	2021	2021	s: F. female: N
2	First author	Aktas H	J J	Ciccarese G.	McMahon D.E.	Abbreviation.

I therature reported cases of vitilition and hypophicmentation after COVID-19 vaccination **TABLE 1**

5. ÷ . A. Herzum C. Micalizzi M. F. Molle A. Parodi

Department of Dermatology, Di.S.Sal., San Martino Polyclinic Hospital IRCCS, University of Genoa, Genoa, Italy

Correspondence

Astrid Herzum, Department of Dermatology, Di.S.Sal., San Martino Polyclinic Hospital IRCCS, University of Genoa, Largo Rosanna Benzi 10, 16132 Genoa, Italy. Email: astridherzum@yahoo.it

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author.

ORCID

A. Herzum i https://orcid.org/0000-0001-6373-8801

REFERENCES

- 1. Schwartzberg LN, Advani S, Clancy DC, Lin A, JorizzoJL. A systematic review of dermatologic manifestations among adult patients with COVID-19 diagnosis. Skin Health Dis. 2021;1:e20.
- Fernández-Lázaro D, Garrosa M. Identification, mechanism, and treatment of skin lesions in COVID-19: a review. Viruses. 2021;13:1916.

- Burlando M, Herzum A, Micalizzi C, Cozzani E, Parodi A. Cutaneous reactions to COVID-19 vaccine at the dermatology primary care. Immunity Inflamm Disease. 2021. Online ahead of print.
- Gambichler T, Boms S, Susok L, Dickel H, Finis C, Abu Rached N, et al. Cutaneous findings following COVID-19 vaccination: review of world literature and own experience. J Eur Acad Dermatol Venereol. 2021. Online ahead of print.
- Kaminetsky J, Rudikoff D. New-onset vitiligo following mRNA-1273 (Moderna) COVID-19 vaccination. Clin Case Rep. 2021; 9:e04865.
- Aktas H, Ertuğrul G. Vitiligo in a COVID-19-vaccinated patient with ulcerative colitis: coincidence? Clin Exp Dermatol. 2021. Online ahead of print.
- Ciccarese G, Drago F, Boldrin S, Pattaro M, Parodi A. Sudden onset of vitiligo after COVID-19 vaccine. Dermatol Ther. 2021. Online ahead of print.
- McMahon DE, Amerson E, Rosenbach M, Lipoff JB, Moustafa D, Tyagi A, et al. Cutaneous reactions reported after Moderna and Pfizer COVID-19 vaccination: a registry-based study of 414 cases. J Am Acad Dermatol. 2021;85:46–55.
- Post NF, Luiten RM, Wolkerstorfer A, Bekkenk MW, Böhm M. Does autoimmune vitiligo protect against COVID-19 disease? Exp Dermatol. 2021;30:1254–7.
- Herzum A, Burlando M, Molle MF, Micalizzi C, Cozzani E, Parodi A. Lichen planus flare following COVID-19 vaccination: a case report. Clin Case Rep. 2021:e5092.
- Cozzani E, Herzum A, Burlando M, Parodi A. Cutaneous manifestations of HAV, HBV, HCV. Ital J Dermatol Venerol. 2021; 156(1). https://doi.org/10.23736/s2784-8671.19.06488-5
- Goon PKC, Bello O, Adamczyk LA, Chan JYH, Sudhoff H, Banfield CC. Covid-19 dermatoses: acral vesicular pattern evolving into bullous pemphigoid. Skin Health Dis. 2021;1:e6.