

Study examines vitiligo, alopecia areata and chronic graft vs. host disease

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Vitiligo (depigmentation of the skin) and alopecia areata (AA, patchy or complete hair loss) in patients with chronic graft-vs-host disease (GvHD) following a stem cell transplant appear to be associated with having a female donor and the sex mismatch of a female donor and male recipient.

GvHD is a frequent complication of donor stem cell transplants because [donor cells](#) can attack the recipient's body and cause death and other illnesses. The skin is the most commonly affected organ. The underlying biology of chronic GvHD has not been fully explained. The authors looked for laboratory markers, transplant-related and other factors associated with vitiligo and/or AA in [patients](#) with chronic GvHD.

The study conducted by the NIH included 282 adult and pediatric patients with chronic GvHD seen under an NIH protocol between 2004 and 2013.

A total of 15 patients (5.3 percent) from among 282 participants with vitiligo and/or AA were identified. The most common reasons for transplantation were types of leukemia. In the study group, a donor who is female, in particular a female donor and a male recipient sex mismatch, as well as the presence of certain antibodies were associated with the risk of vitiligo and/or AA.

"Although [vitiligo](#) and AA are not life threatening, the psychological consequences in patients with chronic GvHD can further impair quality

of life. Future studies are needed to clarify whether the risk factors identified in this study could lead to better understanding of other autoimmune manifestations in the setting of chronic GvHD." Rena C. Zuo, B.A., of the National Institutes of Health (NIH), Bethesda, Md., and colleagues said in their paper.

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