

Analysis of causes that led to the development of vitiligo In Jeanett's case with recommendations for clinical tests and treatments

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Abstract

At the age of two years, Jeanett developed vitiligo within days of receiving her first MMR vaccine and the fourth injection of DTaP and IPV vaccines. Furthermore, at five years of age, she developed many more unpigmented spots on her body with acrofacial vitiligo, following receipt of the second injection of MMR and the fifth injection of DTaP and IPV vaccines. Jeanett's susceptibility to developing adverse reactions to vaccine was notable a few hours after birth following receiving her first injection of the hepatitis B vaccine. Furthermore, the intensity and the frequency of her adverse reactions to vaccines were significantly increased following receipt of more doses of hepatitis B, DTaP, IPV, Hib, and MMR vaccines. Jeanett's health condition during her second year of life, when she was not given any vaccine was better than during her first year of life, when she received several vaccines.

It is likely that the MMR vaccine induced the depigmentation of Jeanett's skin through local and systemic autoimmune reactions. Synergistic actions between the MMR vaccine and other vaccines given to Jeanett could also be involved in causing the depigmentation of her skin. I believe that Jeanett should not receive any vaccine in the future. Vaccines probably will aggravate her present illness and trigger more illnesses. Jeanett was treated with corticosteroids ointment but the steroid did not help in stopping the depigmentation of her skin. Recommendations for clinical tests and treatment plans are presented in this report that I believe will help Jeanett's pediatrician to better monitor and treat her vitiligo.

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