"Why is my skin discoloured?"

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A 46-year-old carpenter presents with pruritus and discoloured patches of skin on his trunk.

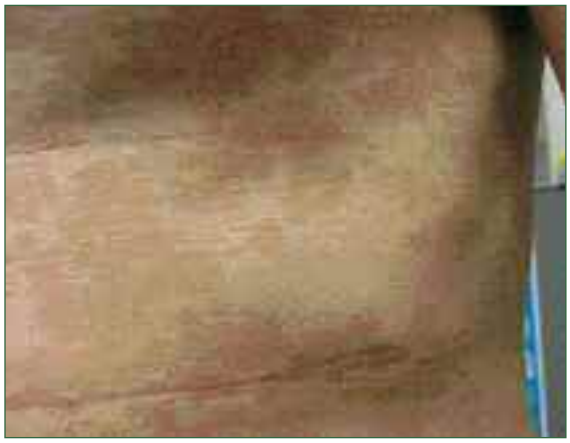

Figure 1. Pruritus and discoloured patches of skin on the trunk.

What is your diagnosis?

Tinea versicolor (TV) is a benign (commensal), common, superficial, fungal infection of the chest and back. It presents as hyper- (red-brown) or hypo-pigmented (white) patches with some surface scale. This infection is quite superficial and more common in hot and humid climates. It is due to *Malassezia* species which on scraping is noted to be in both the spore and hyphal stages (hence the "spaghetti and meatballs" appearance on microscopy). Immunosuppression, malnutrition, hot and humid climates and Cushing's disease increased in this condition.

There is no gender or racial difference and 15- to 24-year-olds are most commonly affected, likely due to increased sebaceous gland activity.

This condition is sometimes confused with vitiligo. In vitiligo, there is white colour accentuation on Wood's lamp examination (implying depigmentation). In TV, there may be no accentuation (implying hypopigmentation) or a copper-orange fluorescence.

This condition is not contagious since the fungus is present on all of us. There is no permanent scarring or dyspigmentation, though skin dyspigmentation can take one to three months to clear up. Recurrence is common and so prophylactic therapy should be considered. For mild, localized TV, topical therapy with selenium sulfide, ciclopirox olamine, azole or allylamine antifungals can be tried. Topical antifungals can be applied nightly for two to three weeks and then periodically (*e.g.*, once weekly) to prevent recurrence. For widespread involvement as in this case, oral antifungals should be employed such as ketoconazole (*e.g.*, single dose 400 mg), itraconazole (*e.g.*, 100 mg b.i.d. for seven days) and less commonly fluconazole.

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