



“What’s this rash?”

Benjamin Barankin, MD

An 11-year-old boy presents with an acute truncal eruption of finely scaling, erythematous-orange, mildly pruritic plaques. Ten days prior to this rash, he recalls one large scaly plaque on his lower back. He is otherwise healthy, on no medications and has no drug allergies. He has a family history of psoriasis.



1. What is the most likely diagnosis?

- a) Psoriasis
- b) Seborrheic dermatitis
- c) Pityriasis rosea
- d) Nummular dermatitis

2. How long should it be treated?

3. How could you treat this rash?

- a) Treatment is not necessary since it is self-limited
- b) Moderate potency topical steroids if pruritic
- c) Topical antifungal
- d) Topical imiquimod
- e) a & b

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Pityriasis rosea is a common skin disorder that affects otherwise healthy children and young adults, and presents as an acute, self-limiting, papulosquamous eruption with an average of six- to eight-weeks duration (but can last six months). It is usually a clinical diagnosis. There is controversy as to the etiology, with some thought that it is due to human herpes virus 6 or 7. It is unlikely to recur. **Dx**

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“Case in Point” is a series of interesting cases and diagnoses so general practitioners can sharpen their skills. Submissions and feedback can be sent to diagnosis@sta.ca.

Answers: 1-c; 2-b; 3-e