

# Up Close

## A Look at Dermatological Diagnoses

by Catherine McCuaig, MD, FRCPC



### Pityriasis Rosea

#### Definition

Pityriasis rosea (PR) is an acute self-limited inflammatory dermatosis, most likely caused by a virus (possible candidate human herpes virus-7).

#### Presentation

PR affects young patients; 75% of patients are between 10 and 35 years old. It often begins with a single “herald patch,” a salmon-coloured oval patch measuring 2 cm to 10 cm in diameter, with fine scaling (Figure 1). Secondly, up to 3 weeks later, multiple scaling oval patches appear on the trunk and proximal extremities, often in a Christmas-tree distribution (Figure 2). Pruritus is variable. Atypical forms of PR are more commonly seen in dark-skinned races: PR inversa (involving the face and distal extremities), psoriasiform, eczematous, lichenoid, purpuric, and vesicular

variants have been described. Recurrence of PR is rare. The differential diagnosis of PR is listed in Table 1 and its treatment in Table 2. [CME](#)



Figure 1. Close-up of oval patch with peripheral collarette of fine scale.



Figure 2. Christmas tree distribution of scaling oval patches on the trunk.

Table 1

#### Differential Diagnosis of PR

- Guttate psoriasis
- Nummular eczema
- Secondary syphilis
- Figurate erythema
- Tinea versicolor
- Pityriasis lichenoides
- Drug eruption

Table 2

#### Treatment of PR

- Usually reassurance only
- Topical antipruritics: pramoxine, hydrocortisone 1%, menthol 0.5%
- Oral antihistamines
- Phototherapy



Dr. McCuaig is associate professor, Université de Montréal, and dermatologist, department of pediatrics, Hôpital Ste. Justine, Montreal, Quebec.