"Doctor, what are these spots?"

Case

A 29-year-old woman has had asymptomatic red spots on her upper trunk for two weeks (Figure 1). She complains that the lesions appear to be spreading. She takes no medication and denies exposure to the sun.

1. What are you looking at here?

a. Urticaria
b. Pityriasis rosea
c. Tinea versicolor
d. Drug eruption
e. Mycosis fungoides

2. Which of the following do you offer the patient?

a. Reassurance only
b. An antifungal cream
c. A systemic antifungal agent
d. A tapered dosage of prednisone
e. A corticosteroid cream

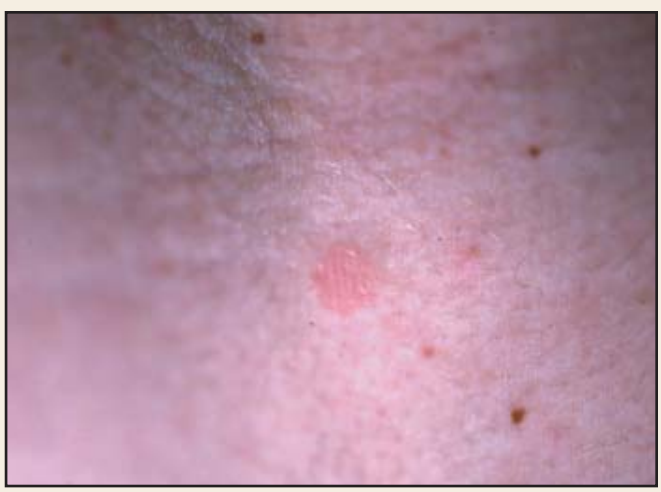

Figure 1.

What's the diagnosis?

A potassium hydroxide (KOH) examination of a scraping of fine scale from a lesion confirmed the diagnosis of tinea versicolor **(answer from question 1: C).** The variety of colours of the presenting lesions gives this yeast infection its name; macules or patches may be hyperpigmented or hypopigmented and manifest as white, pink, or brown lesions.

Typically, urticaria lasts for hours, not days or weeks. Pityriasis rosea was ruled out by the potassium hydroxide (KOH) evaluation.

The patient's history did not support a drug eruption. Mycosis fungoides' psoriasis-like eruption with atrophy and telangiectasia most commonly arises on the lower trunk, buttocks, and thighs; tinea versicolor is most prominent on the upper trunk. Vitiligo is often included in the differential of black-skinned patients with hypopigmented tinea versicolor lesions; a KOH examination will confirm the fungal infection.

Oral antifungal therapy **(answer from question 2: C)** is often more effective than topical agents. Systemic drugs may be better able to eradicate the yeast and forestall recurrences, which are not uncommon.

Dr. David L. Kaplan, MD, is the original author. Printed with permission from *Consultant* and Cliggot Publishing Co.