

Pityriasis Rosea

Definition: Pityriasis rosea is a skin condition with bumps and scaling that affects children and young adults.

Signs:

- There may be mild signs such as headache, fever, malaise, sore throat, decreased appetite or aches prior to the rash in a minority of cases
- Peak age for Pityriasis rosea is in adolescence but it occurs in all ages in childhood
- 60-90% of people with Pityriasis rosea will have a “herald patch”, a smooth pink oval-shaped spot ranging from 1/2 inch to 5 inches in diameter, usually found on the trunk or occasionally on the upper arm or thigh. This is sometimes mistaken as ringworm until the rest of the rash erupts.
- A symmetrical rash develops up to 21 days after the herald patch. Spots are 1/4-1/2 inch pinkish to brown with a delicate scale along the edge. The spots may line up in a “Christmas tree” pattern on the torso. The face and scalp are usually not affected. Occasionally, there is a reverse pattern with spots mostly on the head and extremities.
- Itch is mild to moderate and decreases after the first week
- Spots resolve in 2-12 weeks

Cause

- Pityriasis rosea is not caused by bacteria or fungus
- A virus has been proposed but not proven to cause Pityriasis rosea.
 - Clusters of cases occur in communities
 - No definite contagious cause is identified

Testing

- Diagnosis is based upon the appearance of the rash.
- No testing is necessary

Treatment

- Resolves on its own, usually within 12 weeks. Rarely persist more than 5 months.
- Itch is treated with cortisone cream or oral antihistamine such as benadryl, Claritin or Zyrtec.
- Erythromycin (for its anti-inflammatory effect, not to kill bacteria) or UVB light therapy may be attempted in severe cases.
- Exposure to the sun is helpful

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