**UNIVERSITY STUDENT HEALTH SERVICES** • Fact Sheet

# PITYRIASIS ROSEA

## WHAT IS IT?

Pityriasis rosea is a common, self-limiting skin condition of unknown origin. Some evidence supports that it is caused by a virus. Some individuals diagnosed with pityriasis rosea have had a recent viral infection, usually a cold.

## HOW COMMON IS IT?

Pityriasis rosea is most prevalent in older children and young adults. It is slightly more common in women than men.

## IS IT CONTAGIOUS?

Pityriasis rosea is not considered to be contagious, so isolation is not necessary.

## WHAT ARE THE SYMPTOMS?

- In most cases, the first sign of pityriasis rosea is the appearance of a single slightly raised skin lesion known as a "herald patch":
  - This lesion is round to oval and usually 2-5cm in diameter (about the size of a half-dollar).
  - It often looks like ringworm, with a scaly border and some central clearing.
  - It can appear anywhere on the body, most often on the chest, neck, or back.
- Smaller oval lesions (about the size of a dime) appear a few days to 2 weeks later. They typically reach their maximum number in 1-2 weeks.
  - They are usually found in crops on the trunk, upper arms, and thighs. Less commonly, they can be found on the face or in the mouth.
  - They are salmon pink in color on light-skinned people and dusky violet to brown in color on people with darker skin.
  - Like the larger "herald patch", the smaller patches often have a scaly border.
  - These lesions typically follow the skin lines and can resemble a Christmas tree pattern, which is more noticeable on the back, chest, or abdomen.
  - Often, darker skinned people will develop very small raised skin lesions after the initial herald patch, instead of typical smaller oval-shaped lesions.
- Itching occurs in about half of people with pityriasis rosea, especially when they are overheated.

## WHAT IS THE TREATMENT?

No real treatment is necessary for pityriasis rosea. The rash will clear on its own, without scarring, within a few months. Only a very small percentage (< 2%) of people experience a recurrence.

- If itching is significant, the following treatments can be helpful:
  - Oral antihistamines. Many patients take a non-sedating 24-hour medication like Zyrtec (cetirizine), Claritin (loratadine), or Allegra (fexofenadine) in the morning, and a sedating antihistamine like Benadryl (diphendyramine) at bedtime. Sedation may occur in some patients taking Zyrtec.
  - Over-the-counter anti-itch lotions containing pramoxine or menthol, such as Sarna.
  - Corticosteroid creams. Both over-the-counter and prescription strengths are available. A thin layer can be applied to the rash twice daily for up to 2 weeks. It is important to avoid overuse since this can lead to thinning of the skin and stretch marks.
  - Avoid excess soap & hot water on the rash, as this can dry out the skin & increase itching.
  - Frequent moisturizer use, especially after bathing (within 3 minutes of drying off), helps to trap moisture in your skin. It is best to use fragrance-free products.
- Avoid sunburn.
- Contact your healthcare provider if any of the oval patches become infected. Signs of infection include fever, increased redness, tenderness, swelling, drainage, or red streaking on the skin.

**RECOMMENDED WEBSITES:** www.aad.org, www.mayoclinic.org