

UNIVERSITY STUDENT HEALTH SERVICES • Fact Sheet

PITYRIASIS ROSEA**WHAT IS IT?**

Pityriasis rosea is a common, self-limiting skin condition of unknown origin. There is some evidence that it is caused by a virus. About 20% of those 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?

No one knows for sure. It does not seem to spread easily from person to person, so isolation is not necessary.

WHAT ARE THE SYMPTOMS?

- ❖ Classically, the first sign of pityriasis rosea is the appearance of a single 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.
 - 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 (rarely on the face).
 - They are salmon pink in color on Caucasians and darker colored on people of African or Asian descent.
 - 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.
- ❖ Itching occurs in about half of people with pityriasis rosea, especially if they are overheated.

WHAT IS THE TREATMENT?

No real treatment is necessary for pityriasis rosea. The rash will clear on its own within 1 to 3 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 (diphenhydramine) 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 2-3 weeks. It is important to avoid overuse since this can lead to thinning of the skin and stretch marks.
 - Avoiding 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 the skin) to trap moisture in your skin.
- ❖ 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.