

CASE 34-1

A 20-year-old man has a 1-week history of a mildly pruritic rash on his trunk. He is very concerned because the rash is “getting bigger.” He states that it started as a single “welt” on the left lateral abdomen followed by the abrupt development of similar spots on this trunk. He has no systemic complaints.



What is the one most likely diagnosis?

- (A) Scabies
- (B) Tinea corporis
- (C) Pityriasis rosea
- (D) Psoriasis
- (E) Seborrheic dermatitis

The correct answer is (C), pityriasis rosea.

The clinical history and image strongly support the diagnosis of pityriasis rosea. Typically, pityriasis rosea presents initially with a single herald plaque, which is a pink to salmon-colored, oval, 2- to 10-cm plaque with central fine collarette scale (on left lateral abdomen in this case).

The subsequent lesions are smaller (1-2 cm) pink to salmon-colored papules and plaques on the trunk and extremities. They also have a fine central or collarette of scale. They typically develop in the lines of cleavage (Langer's), symmetrically and result in a "Christmas-tree" distribution. The face, scalp, hands, and feet are usually spared.

Tinea corporis may share morphologic features with the larger annular lesions of pityriasis rosea. The scale can be helpful in differentiating between the two conditions. Plaques of pityriasis rosea have a fine central or collarette of scale while those of tinea corporis often have a leading scale at the most peripheral edge.

Scabies can also be located diffusely on the trunk and extremities. The lesions of scabies differ in their morphology (eg, lack of characteristic scale, presence of burrows) and distribution (eg, scabies does not follow lines of cleavage). Scabies is generally associated with severe pruritus.

Guttate psoriasis is characterized by small "droplet-like" thin pink to salmon-colored papules and plaques surmounted by a fine, white scale. The distribution is often similar to that of classic pityriasis rosea, favoring the trunk, abdomen, upper thighs, and fading toward the acral surfaces with sparing of the palms and soles.

Seborrheic dermatitis is a common skin disorder that involves the scalp and may affect other areas with high sebaceous gland number such as the central face and chest. Moderate to severe seborrheic dermatitis is characterized by erythematous plaques with white greasy scales. It may involve the forehead, eyebrows, eyelash line, nasolabial folds, ears, and, less commonly, the upper chest and intertriginous areas.