

CASE 34-3

A 40-year-old man has a 2-month history of an asymptomatic rash on his trunk and upper arms that began while on vacation in Florida. He has no other areas of hypopigmented skin and is otherwise healthy.



What is the most likely diagnosis?

- (A) Pityriasis rosea
- (B) Vitiligo
- (C) Lichen planus
- (D) Guttate psoriasis
- (E) Tinea versicolor

The correct answer is (E), Tinea versicolor.

Tinea versicolor (pityriasis versicolor) is a common fungal infection caused by *Malassezia*, a lipophilic, dimorphic yeast. It is more prevalent in young adults, but can occur at any age. It is more common in the summer months and in tropical areas. It typically occurs on the face, back, and trunk. These locations are always colonized by one or several species of the *Malassezia* genus, which are implicated in the pathogenesis of this dermatosis. Other areas that can be affected include the neck, abdomen, pubis, and intertriginous areas. Careful inspection of the lesions reveals discrete and confluent macules with a fine powdery scale.

Typically, pityriasis rosea presents initially with a single herald patch, which is a pink to salmon-colored, oval, 2- to 10-cm plaque with central fine collarette scale.

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 in a "Christmas-tree" distribution. The face, scalp, hands, and feet are usually spared.

Vitiligo presents with macular areas of complete pigment loss (ie, depigmentation) with no scale or other surface changes. Woods lamp and KOH scraping of scale may help in distinguishing these entities.

Lichen planus may involve the trunk, but the classic lesions are often characterized as violaceous, flat-topped, firm, sharply marginated papules with overlying lacy scale. Hypopigmentation can be seen in some variants of lichen planus.

Guttate psoriasis is a common psoriatic subtype. It 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 and sparing the palms and soles.