



Erythematous Trunk Lesions

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A 12-year-old girl presents with multiple, asymptomatic, erythematous lesions symmetrically distributed on the abdomen, chest, and back. A larger oval patch was noted on the chest seven days ago. The nails, palms, and joints are uninvolved.

1. What is your diagnosis?

- Guttate psoriasis
- Tinea corporis
- Pityriasis rosea
- Secondary syphilis

2. What are the treatment options?

- Oral methotrexate
- Topical clotrimazole
- Oral penicillin
- None of the above

Pityriasis rosea is a common, acute, self-limited papulosquamous dermatosis that primarily affects children and young adults. Human herpesvirus 7 (HHV-7) and, to a lesser degree, HHV-6, have been implicated in the pathogenesis. The condition is characterized by a "herald patch" after which oval erythematous squamous lesions appear along Langer's line of cleavage. The "herald" or "mother" patch begins as a smooth, erythematous papule or macule. The papule expands over one to two weeks and clears centrally to form an oval or round, pink or erythematous lesion with a "collarlet" of scale that can range anywhere from 1-10 cm in diameter. The herald patch is usually found on the trunk and less often on the neck and proximal extremities. A generalized, bilateral, symmetrical eruption develops in approximately 4-14 days after the appearance of the herald patch and continues to erupt in crops over the next 12-21 days. Typical lesions are 5-10 mm, oval, dull pink macules with a delicate collarlet of scales at the periphery. The long axes tend to be oriented along the skin lines of cleavage (Langer lines) of the trunk and proximal extremities. The distribution on the back thus forms a "Christmas tree" or



"fir tree" appearance that can be extremely striking. The condition is often asymptomatic but can be pruritic.

The patient should be reassured of the benign nature of the disease. Pruritus, if present, can be managed with a topical corticosteroid, a topical lotion that contains pramoxine or menthol, and/or an oral antihistamine. Increasing natural sunlight can also be helpful for the duration of the condition. For the vast majority of cases, no other treatment is necessary. In severe cases, treatment may be considered for cosmesis that has a significant negative impact on quality of life. Treatment aims to shorten the duration of the disease. Treatment options include acyclovir (especially when started early on), erythromycin, and UVB phototherapy. Studies have shown that oral acyclovir and, to a lesser extent, oral erythromycin are effective in the treatment of pityriasis rosea without significant adverse events. Head-to-head comparison studies have shown that oral acyclovir is more effective than oral erythromycin in the treatment of pityriasis rosea.¹



Answers: 1-c; 2-d

Reference

- Ehsani A, Esmaily N, Noormohammadpour P, et al: The Comparison Between the Efficacy of High-dose Acyclovir and Erythromycin on the Period and Signs of Pityriasis Rosea. *Indian J Dermatol.* 2010;55:246-248.

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