"What's this on my neck?"

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A 32-year-old female presents with brown macules and patches with mild scaling on her neck, chest and upper back. The rash is mildly pruritic and she recalls having the same problem two summers ago.

1. What is the most likely diagnosis?

a) Atopic dermatitis
b) Tinea corporis
c) Psoriasis
d) Tinea versicolour
e) Pityriasis rosea

2. What might the patient complain of?

a) Pruritus
b) Hyperpigmentation
c) Hypopigmentation
d) Worsening in the summer months
e) All of the above

3. How might you manage this rash?

a) Topical ketoconazole
b) Oral itraconazole
c) Topical ciclopirox olamine
d) Selenium sulphide solution
e) All of the above

Tinea versicolour is a benign superficial fungal skin infection affecting the stratum corneum. It is characterized by either hyper- or hypopigmented (white, red, or brown in colour) scaly macules and patches on the trunk. Some patients are more predisposed than others; thus, the condition can recur, particularly during periods of higher temperatures and humidity. Immunosuppression, malnutrition and genetic predisposition may also play a role.

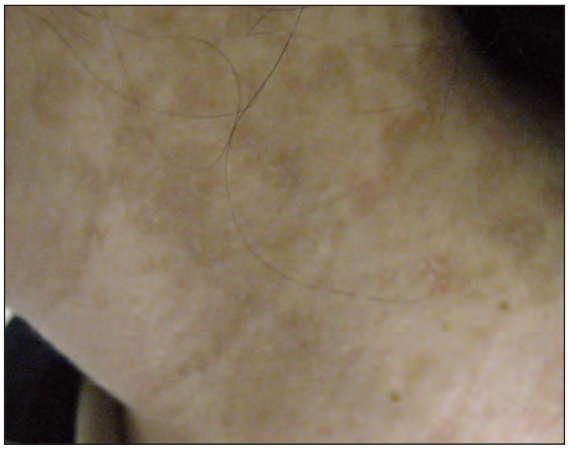

Figure 1. Brown macules and patches.

Tinea versicolour is caused by *Malassezia furfur* which is part of normal human skin flora and not considered contagious. There are no permanent sequelae of the rash, with skin colour alteration returning to normal after six to 12 weeks. The prevalence of the condition is approximately 5% of the population, with teenagers and young adults most commonly affected.

Effective topical treatments include selenium sulphide, ciclopirox olamine, azole (*e.g.*, ketoconazole, itraconazole) and allylamine (*e.g.*, terbinafine) antifungals. Selenium sulphide is applied and left on the skin for 10 minutes q.d. for two weeks, or used overnight in resistant or difficult cases. Oral antifungals are less commonly used because of the potential for side-effects. The use of itraconazole is recommended at 200 mg p.o. q.d. for seven days and one pill per month thereafter during the summer months as prophylaxis. Dx

Dr. Barankin is a Dermatologist practicing in Toronto, Ontario.

Answers: 1-d; 2-e; 3-e