



## **PITYRIASIS LICHENOIDES**

### **What are the aims of this leaflet?**

This leaflet has been written to help you understand more about pityriasis lichenoides. It tells you what it is, what causes it, what can be done about it, and where you can find out more about it.

### **What is pityriasis lichenoides?**

Pityriasis lichenoides is a rare skin disorder of unknown cause. There are two types of pityriasis lichenoides: an acute form usually found in children known as pityriasis lichenoides et varioliformis acuta (PLEVA), and a more long-lasting form known as pityriasis lichenoides chronica (PLC).

### **What causes pityriasis lichenoides?**

The cause of pityriasis lichenoides is not known. The symptoms that occur in the childhood form suggest it is a reaction to a bacterial infection or a viral infection. It is more common in males than females. Neither type of pityriasis lichenoides is infectious.

### **Is it hereditary?**

No.

### **What are the symptoms of pityriasis lichenoides?**

The main skin sign you may notice are raised small pink spots that tend to come together in groups. New spots can itch or irritate as they come up.

### **What does pityriasis lichenoides look like?**

- **The acute form (PLEVA):** Initially there may be a mild illness with a fever. The rash starts as small pink spots, which then form a little blister and may turn a reddish-brown colour. A crust forms on the surface and drops off to leave a small scar which usually fades to some extent over several months. The spots come up in groups and so the rash consists of spots at various stages of development. The rash can often be mistaken for chickenpox but takes much longer to clear than chickenpox. It rarely affects the face, but the spots are usually scattered on the trunk, arms and legs.
- **The chronic form (PLC):** The spots look less angry and are covered with a firm shiny scale (flake) of skin. This scale, which covers the top of a spot, can be scraped off to reveal a shiny, brownish surface underneath. Individual spots fade within 3 to 4 weeks, but new spots may then appear. The rash can clear up within a few weeks or persist for years.

### **How will it be diagnosed?**

The appearance of the rash will suggest the diagnosis; however, PLEVA can often look like chickenpox but take much longer to clear and PLC can look like psoriasis (red, flaky, crusty patch of skin covered with silvery scales). The examination under the microscope of a small sample of the rash (a skin biopsy) can confirm the diagnosis.

### **Can it be cured?**

No treatment is certain to cure pityriasis lichenoides.

### **How can it be treated?**

Reports suggest that antibiotics given for one month may help some patients. Natural sunlight may be helpful and phototherapy treatment with UVB or UVA special ultraviolet light lamps (not ordinary sun beds) can also help. A combination of tablets known as Psoralens with UVA (PUVA treatment) may also be helpful, but carries a higher risk of side effects. Severe forms of the disease may be managed by immunosuppressants.

### **Self care (What can I do?)**

Often the rash will disappear after a while and no treatment is required, but if the rash is a nuisance, you may need to seek treatment from your doctor.

## Where can I find out more about pityriasis lichenoides?

*Links to other Internet sites:*

[www.dermnetnz.org/dna.pitlic/pitlic.html](http://www.dermnetnz.org/dna.pitlic/pitlic.html)

For details of source materials used please contact the Clinical Standards Unit ([clinicalstandards@bad.org.uk](mailto:clinicalstandards@bad.org.uk)).

**This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.**

*This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel*

**BRITISH ASSOCIATION OF DERMATOLOGISTS  
PATIENT INFORMATION LEAFLET  
PRODUCED AUGUST 2004  
UPDATED MAY 2010, JULY 2013, SEPTEMBER  
2016  
REVIEW DATE SEPTEMBER 2019**

