



PATIENT INFORMATION LEAFLET

PITYRIASIS ROSEA

WHAT ARE THE AIMS OF THIS LEAFLET?

This leaflet has been written to help you understand more about pityriasis rosea. 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 ROSEA?

Pityriasis rosea is a common rash that is usually mild and lasts about 6 to 8 weeks. Its name means that the rash has a fine scale (*pityriasis*), and it tends to be pink (*rosea*). It can affect people of all skin types and in darker skinned people the rash may look slightly brown rather than pink.

WHAT CAUSES PITYRIASIS ROSEA?

The cause of pityriasis rosea is still not known. It has been associated with some viruses in the herpes family, the same family as the cold sore virus. It can occur in clusters (in schools, families, etc) and is more frequent in the winter. However, the risk of passing it on to anyone else is very low. It is most common between the ages of 10 and 35 years.

IS PITYRIASIS ROSEA HEREDITARY?

No.

WHAT DOES PITYRIASIS ROSEA FEEL AND LOOK LIKE?

People with pityriasis rosea usually feel fine, though they may be slightly unwell just before the rash starts, with a mild headache and fever, and the rash can be slightly itchy or mildly uncomfortable.

The first sign of pityriasis rosea is usually a single scaly pink (or brown in darker skinned people) patch, which is known as a 'herald patch' because it comes up a few days or weeks before the rash spreads. It

commonly first appears on the trunk or back. The herald patch occurs in many but not necessarily all people affected by pityriasis rosea. It is usually larger than patches that come up later and can be confused with a patch of ringworm (tinea). A week or two later, a more widespread scaly patchy rash usually appears on the body in a pattern resembling the branches of a Fir tree. These patches appear in crops, then slowly fade over the next 6-8 weeks. It is unusual for the rash to affect the hands, feet or face. In people with skin of colour, the patches may leave areas of darker or lighter pigmentation that may last for several months or longer before fading. It does not leave scars.

HOW WILL PITYRIASIS ROSEA BE DIAGNOSED?

There is no diagnostic test for pityriasis rosea, but the story of a herald patch followed by a more widespread scaly rash is usually enough for your doctor to make the diagnosis. If there is any doubt, or the rash lasts longer than two months, your doctor may recommend a small e.g. 4mm skin biopsy (skin sample taken after local anaesthesia) for laboratory analysis or blood tests to rule out other rashes that can look like pityriasis rosea. The herald patch can resemble ringworm, which can be ruled out if needed by sending a skin scraping sample for laboratory fungal tests.

CAN PITYRIASIS ROSEA BE CURED?

Pityriasis rosea clears up by itself within a few months. There is no other specific treatment.



HOW CAN PITYRIASIS ROSEA BE TREATED?

Most people do not need any treatment. If your skin is itchy or sore, a general fragrance-free moisturiser may help. Avoid washing the affected areas with soap or shower gels as this can cause more dryness – use a soap substitute instead.

Antihistamine tablets may also help and can be bought without prescription. If the rash is still uncomfortable, a mild [steroid cream or ointment](#) such as hydrocortisone ointment can be applied twice a day. If the itch is still severe despite these treatments, your doctor may suggest a stronger [steroid cream or ointment](#) or treatment in a dermatology unit with ultraviolet light. There is some limited evidence that early antiviral treatment such as aciclovir and antibiotics such as erythromycin may speed up clearance of the rash, but it is rarely required.

SELF-CARE (WHAT CAN I DO?)

- There is no need to treat the rash or change your usual activities if it is not causing any symptoms.
- If the rash does not clear up after 3 months, consult your general practitioner again.
- There is no reason to keep children with pityriasis rosea away from school.

WHERE CAN I GET MORE INFORMATION?

Web links to detailed articles and leaflets:

<http://www.dermnetnz.org/viral/pityriasis-rosea.html>

<http://www.patient.co.uk/health/pityriasis-rosea-leaflet>

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

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