CONDITION

# Pityriasis rosea

Pityriasis rosea is a temporary, scaly skin rash that usually clears without treatment.

**WHAT IT IS**
Temporary inflammatory skin rash

**BODY SYSTEM**
Skin

**MAIN SYMPTOMS**
Herald patch, smaller oval spots, fine scaling, itching

**WHAT CAUSES IT**
Unknown; a viral reaction is suspected

**HOW IT IS DIAGNOSED**
Skin examination; tests rule out similar rashes

**MAIN TREATMENT**
Itch relief and gentle skin care

**CAN IT BE CURED?**
Yes - usually clears on its own

**IS IT AN EMERGENCY?**
No, unless severe peeling or breathing trouble

**LONG-TERM OUTLOOK**
Usually resolves completely within several weeks

## Overview

Pityriasis rosea is a temporary skin condition that causes oval, slightly raised patches with fine scaling. It often begins with one larger patch, called a herald patch . Days or weeks later, many smaller spots may appear, usually across the chest, back, abdomen, upper arms, or thighs.

The smaller patches sometimes follow the lines of the ribs. On the back, this may create a pattern described as resembling the branches of a Christmas tree. Not everyone develops this classic pattern.

Pityriasis rosea is not considered contagious. You cannot usually pass it to another person through touching, sharing towels, sex, or spending time together.

The rash can look similar to ringworm, eczema, psoriasis, a medicine reaction, or the rash of secondary syphilis. A healthcare professional may need to examine it, especially if the pattern

is unusual, it affects the palms or soles, or you are pregnant.

Most cases clear without scarring. Treatment is mainly used to reduce itching while the skin recovers.

## Symptoms

A herald patch is often the first sign. It is usually a single round or oval patch with a slightly raised edge and fine scale. It may appear on the chest, abdomen, back, neck, or upper thigh. Because it can resemble ringworm, the condition may be mistaken for a fungal infection at first.

A more widespread rash commonly follows within several days to two weeks. The smaller patches are often oval and may have a thin ring of scale just inside their edges. They tend to appear on both sides of the body.

On lighter skin, the patches may look pink, red, or salmon-coloured. On brown or black skin, they may appear purple, grey, dark brown, or lighter than the surrounding skin. The colour can also change as the rash heals.

Itching ranges from absent to intense. Heat, sweating, hot showers, and rough clothing may make it worse.

Some people feel unwell shortly before the rash appears. Possible symptoms include:

Not every case starts with a herald patch. Some rashes mainly affect skin folds, the face, or the lower arms and legs. Children may develop a less typical pattern, including small raised bumps or spots on the face.

Pityriasis rosea does not usually cause blisters, open sores, severe pain, or extensive skin peeling. Those symptoms need medical assessment because they may point to another condition.

- Tiredness
- Headache
- Mild fever
- Sore throat
- Reduced appetite

## Causes and risk factors

The exact cause is unknown. Research suggests that pityriasis rosea may be linked to the reactivation of certain common herpesviruses, especially human herpesvirus 6 or 7. These are not the viruses that cause cold sores or genital herpes. The connection has not been proven in every case.

The condition does not behave like an infection that spreads easily between people. People living in the same household do not usually need testing or preventive treatment.

Pityriasis rosea can occur at any age, but it is seen more often in older children, teenagers, and younger adults. It can happen during pregnancy.

Some medicines can cause a pityriasis rosea-like eruption . This may look similar but is a drug reaction rather than typical pityriasis rosea. It may be more widespread, itchier, or longer-lasting. Do not stop a prescribed medicine on your own. A clinician can review when the rash started and whether a medicine could be involved.

Having pityriasis rosea once does not mean that your immune system is weak. Recurrence is possible but uncommon.

## Diagnosis

There is no single blood test or skin test that confirms typical pityriasis rosea. Diagnosis is usually based on the appearance, location, and sequence of the patches.

A clinician may examine the whole rash, including the scalp, mouth, palms, and soles. They may also ask about recent illnesses, new medicines, pregnancy, sexual health, and how the rash has changed.

Testing may be useful when the appearance is not typical. Depending on the situation, this can include:

A biopsy removes a tiny skin sample after the area has been numbed. It is rarely needed for a classic rash.

Seek reassessment if a presumed case continues much longer than expected, rapidly worsens, or does not follow the usual pattern. A different diagnosis or a medicine-related eruption may need to be considered.

- A skin scraping to look for a fungal infection such as ringworm
- Blood tests when secondary syphilis or another condition is possible
- A small skin biopsy if the diagnosis remains uncertain

## Treatment and management

Because pityriasis rosea normally settles by itself, treatment often focuses on comfort rather than removing the rash.

Gentle skin care may reduce irritation. Use lukewarm rather than hot water, apply an unperfumed moisturiser, and choose loose, soft clothing. Fragranced soaps and vigorous scrubbing can make itching worse.

A pharmacist or clinician may suggest an antihistamine like cetirizine or loratadine for itching. Some antihistamines cause drowsiness, while others usually do not. Suitability can be affected by age, pregnancy, other health conditions, and other medicines.

A mild or moderate topical corticosteroid may be recommended for itchy areas. This is an anti-inflammatory cream or ointment, not the type of steroid like prednisone or hydrocortisone used for muscle building. The strength and length of use should match the body area and the person using it. Strong products can damage skin when used incorrectly.

For unusually severe or persistent symptoms, a dermatologist may consider supervised ultraviolet B light treatment. An oral antiviral medicine is sometimes considered early in a severe case, although the evidence is limited and it is not routine treatment for everyone.

Natural sunlight is not a controlled treatment. Too much sun can cause burns and may make lingering colour changes more noticeable. If your skin is exposed, use appropriate sun protection.

Antibiotics like amoxicillin or doxycycline do not treat typical pityriasis rosea because it is not caused by bacteria. Antifungal treatments will not help unless testing shows a fungal infection.

## Complications

Most people recover without lasting physical problems. Scratching can break the skin and occasionally lead to a bacterial infection. Increasing pain, warmth, swelling, pus, or fever may be signs of infection.

After the active rash clears, patches may remain darker or lighter than the surrounding skin. This is called post-inflammatory pigment change . It is more noticeable and may last longer in darker skin, but it usually fades gradually. It is not the same as a permanent scar.

Sleep and concentration can be affected when itching is strong. Treatment for itch may help even though it does not shorten the rash itself.

Pregnancy needs special consideration. Some studies have reported pregnancy complications when pityriasis rosea begins early in pregnancy, particularly when the rash is extensive or

accompanied by significant general illness. The evidence is limited and not all studies have found the same risk. If you are pregnant and develop a new widespread rash, arrange prompt medical assessment so the diagnosis and pregnancy can be reviewed.

## Prevention

There is no proven way to prevent typical pityriasis rosea because its exact cause is unknown. It is not linked to poor hygiene, and extra washing will not prevent it.

You do not usually need to avoid work, school, exercise, sex, or contact with other people because of the rash. Sharing a home, clothing, or towels is not thought to spread the condition, although ordinary hygiene is still sensible.

If a clinician suspects a medicine-related eruption, they can review the possible trigger and record it in your medical notes. Do not restart or stop a medicine based only on the appearance of a rash.

## Living with it and what to expect

New spots may continue appearing for the first few weeks. This can feel as though the condition is worsening even when it is following its usual course.

The rash most often fades over about six to eight weeks, but some cases clear sooner or last for several months. Itching may come and go during that time. Heat, exercise, and sweating can temporarily make the spots look brighter.

You can usually continue normal activities if you feel well. Loose clothing, cooler showers, moisturiser, and prescribed or pharmacist-recommended itch treatment may make sleep, work, and exercise more comfortable.

As the inflammation settles, the scale and raised edges flatten first. Skin colour may take longer to return to its previous shade. Try not to scrub or bleach the remaining marks, as this can cause more irritation.

Most people do not have ongoing health problems after pityriasis rosea. A second episode can occur, but repeated or persistent rashes deserve review because another condition may look similar.

## When to get medical help

Arrange a routine appointment if:

Seek urgent medical help if the rash is accompanied by high fever, significant weakness, rapidly spreading blisters, painful skin, skin peeling, or sores in the mouth or eyes. These are not typical features of pityriasis rosea and may indicate a more serious skin reaction or infection.

Call emergency services for trouble breathing, faintness, or swelling of the lips, tongue, face, or throat.

- You are unsure what the rash is
- The rash affects your palms, soles, mouth, eyes, or genitals
- Itching is interfering with sleep or daily life
- The rash began after starting a medicine
- It has not started improving after several weeks
- You have signs of infection, such as warmth, pus, or increasing pain
- You are pregnant and develop a new widespread rash

## Common questions

Is pityriasis rosea contagious?

It is not considered contagious. It does not usually spread through skin contact, towels, sex, coughing, or living with someone. Household members do not normally need treatment.

Is pityriasis rosea a type of herpes?

A link with human herpesviruses 6 and 7 has been proposed, but pityriasis rosea is not genital herpes or a cold sore outbreak. It does not cause the same kind of blisters and is not treated as a sexually transmitted infection.

How long does pityriasis rosea last?

Many cases clear in about six to eight weeks. Some last several months. New patches can appear early in the course, while darker or lighter marks may remain after the active rash has settled.

Can I go to work or school with pityriasis rosea?

Usually, yes. The condition is not considered contagious, and you can continue normal activities if you feel well. You may want to limit activities that cause heavy sweating if heat makes the itching worse.

Can pityriasis rosea come back?

It can return, but recurrence is uncommon. If you repeatedly develop a similar rash, seek medical review to confirm that it is pityriasis rosea rather than eczema, psoriasis, ringworm, or a medicine reaction.

Should I worry about pityriasis rosea during pregnancy?

Most new rashes in pregnancy do not mean that a complication will occur. However, pityriasis rosea beginning early in pregnancy has been linked in some studies to pregnancy problems. Contact your maternity or primary care team promptly for an assessment rather than relying on self-diagnosis.

## Sources

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