INSTRUCTION SHEET: PITYRIASIS ROSEA

The Student Health Provider has diagnosed pityriasis rosea.

Pityriasis rosea (PR) is an acute, characteristic body rash that is common in young adults. PR is self-limiting (goes away on its own) and benign (not serious). The cause is not known, but viral infection may play a part.

Pityriasis often begins with a “herald patch,” an oval or round, salmon-colored, red-bordered patch up to an inch in size, usually located on the trunk (chest or back). A few days to three weeks later, a rash appears on the trunk. Red patches (similar to the herald patch, but smaller) appear in a symmetrical “Christmas tree” pattern. The rash most often occurs on the chest, abdomen, and back; sometimes it extends to the neck, upper arms, or less often, other areas.

About 75% of people with PR experience itching with the rash. Some people have mild, flu-like symptoms that precede the appearance of the herald patch.

The rash of PR typically lasts two to six weeks.

MEASURES YOU SHOULD TAKE TO HELP TREAT YOUR PITYRIASIS ROSEA:

1. Over-the-counter or prescription corticosteroid cream can help reduce inflammation and itching. Rub the cream onto the rash two times a day.

2. If itching is a problem, take over-the-counter antihistamines: In the morning, take a non-sedating antihistamine such as loratadine, 10 mg daily. At night, take diphenhydramine (Benadryl), 25 mg, 1 or 2 every 6 hours as needed. The main side effect of diphenhydramine is drowsiness, so do not drive, operate machinery, climb a ladder, etc., while taking the medicine. Stop taking the antihistamines when the itching is gone.

3. If you have concerns about your rash or symptoms, return to the Student Health Center or schedule an appointment with your personal/referral doctor. PR is a “clinical” diagnosis; no blood test is available to confirm the diagnosis. Other factors can be considered that may be responsible for the itching, rash or other symptoms.