

Hypopigmented Pruritic Facial Rash – What is your Diagnosis?

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Dear Editor,

Hypopigmented skin lesions on the face are a common cause of cosmetic discomfort to patients. A 40 years old African American man comes to the clinic complaining of a discoloration of the skin (Figure 1). The rash was pruritic and caused him discomfort during social gatherings.

What is the diagnosis?

1. Vitiligo
2. Seborrheic dermatitis
3. Pityriasis rosea
4. Tinea versicolor

Answer:

Tinea versicolor

Discussion

Tinea versicolor (also called Pityriasis versicolor) is a superficial fungal infection caused by the dimorphic fungus *Malassezia*. “Versicolor” refers to the variation in skin pigmentation observed in this disorder. The lesions tend to occur in areas rich in sebaceous glands including the face and upper body. They can be hypo, hyperpigmented or mildly erythematous. Characteristically patients notice it as the skin fails to tan on exposure to sunlight. Treatment is usually with topical antifungals (2% ketoconazole for 2 weeks, ketoconazole shampoo applied to affected area, selenium sulfide 2.5% lotion or shampoo for one week, terbinafine ointment twice daily for one week). Systemic treatment is reserved for widespread infection, recurrent infection or non response to topical antifungals. Fluconazole (300 mg once weekly for two weeks), Itraconazole (400 mg single dose) can be used. The patient had been on Ketoconazole ointment already for prior Tinea. Hence, he was prescribed Terbinafine topical ointment for 2 weeks.



Figure 1: Hypopigmented macular scaly rash over the face. Patient complained of pruritus and cosmetic problems from the hypopigmentation.

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