

Tinea/Pityriasis Versicolor

What is it?

Tinea Versicolor (sometimes known as "TV" or "sun spots") is a common skin infection caused by two types of yeast named *P. orbiculare* and *P. ovale*. The word Versicolor ("many colored") refers to the fact that in some darker skinned people, the affected areas are lighter in color, while in lighter skinned people, the infection results in darker patches. These organisms normally live in the pores of everyone's skin. However, certain conditions such as excess heat and humidity, pregnancy, and oral contraceptive use may lower a person's resistance, allowing this normally non-illness causing yeast to multiply in the upper layers of the skin and cause a rash. It is not clear whether the disease is contagious. The disease may occur at any age, but it is much more common in teenagers and young adults.

What are the symptoms?

The TV rash usually has small and larger sized, scaly spots scattered over the chest and back, and upper arms, but rarely may appear on the neck and face. It creates an uneven skin color and scaling that can be unpleasant and cause some itching that is more intense when a person gets hot. Other symptoms include increased sweating and itching.

How is it diagnosed?

The usual way to diagnose the infection is by superficially scraping the skin and microscopically examining these cells for the presence of hyphae (branching filamentous structure) and spores. Under magnification, these rods and dots sometimes have the appearance of "spaghetti and meatballs."

What treatments are available?

TOPICAL TREATMENT

Includes special shampoos, creams or lotions applied directly to the skin. The primary side effect of these methods of treatment is dry skin.

The least expensive method of self-treatment is to apply for 5-10 minutes either Selsun shampoo (1-2.5% selenium sulfide) or Head & Shoulders shampoo (zinc pyrithione) from the edge of your scalp down to your thighs and then shower it off. Do this daily over two weeks.

Another alternative is to use Nizoral shampoo (Ketoconazole) daily for one to three days for 5 minutes to affected and surrounding areas. The primary side effect of this method of treatment is dry skin.

Other over-the-counter or prescription medications such as Extina and Xolegel (ketoconazoles), Lotrimin (clotrimazole), Spectazole (econazole), or Monistat (miconazole) cream may be applied once or twice daily for 2-4 weeks.

ORAL MEDICATIONS

Several oral medications may also be prescribed.

The Food and Drug Administration (FDA) has not approved any oral medications for specific use in the treatment of "TV" although these medications are approved for other conditions and so may be prescribed.

Oral medications, such as Diflucan (fluconazole) and Sporanox (itraconazole) have been shown to be about as effective as the medications applied to the skin, but have a greater chance of rare and serious side effects.

Do not drink alcohol when taking oral medications. Any woman who may be or become pregnant should not use oral medications.

Although a course of treatment cures 80-90% of cases, TV has a 60-80% chance of recurrence.

What should I do if it comes back?

Sometimes therapy may be needed to prevent relapse. You may use selenium sulfide (Selsun), zinc pyrithione (Head & Shoulders), or ketoconazole (Nizoral) shampoo applied as directed once or twice a month to prevent recurrence. Even after treatment, it may take weeks to months for the skin to regain its normal color. Sun exposure may help to accelerate repigmentation. To check to see if the infection has cleared, lightly scrape the area to see if a powdery scale is no longer produced. If your infection fails to respond to the initial treatment or recurs, contact your provider, as another method of treatment may be prescribed.

For More Information:

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