



PITYRIASIS VERSICOLOR

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Synonyms: Chromophytosis; *Tinea versicolor*;
Dermatomycosis microsporina seu furfuracea.

Pityriasis versicolor is a vegetable parasitic disease characterized by a rash consisting of brownish yellow or yellowish brown sharply circumscribed small spots or irregular broad patches, that are almost imperceptibly furfuraceous and occur chiefly on the upper portion of the trunk. The number of macules varies from a few to several hundred. Only the edges are sometimes very slightly elevated above the level of the skin. The small spots are almost circular, but they spread slowly and coalesce to form larger patches of irregular outline like a contour map. Occasionally islands of normal skin are included in an affected area. New spots arise just beyond the border of the larger patches. Many months may elapse before the rash attains conspicuous dimensions. It continues to increase almost imperceptibly for years or decades and disappears spontaneously only in old age, when for some reason the skin ceases to furnish suitable nourishment for the fungus. The scaling may be hard to detect in a patient whose skin is naturally moist or when it is wet with perspiration, but a slight scraping of a lesion with the finger nail will demonstrate that the corneous layer is easily separable from the rete, and the abrasion at the same time removes the brownish discoloration, showing that the fungus flourishes in the upper layers of the epidermis. The disease is exceedingly rarely seen upon the uncovered portions of the body, and beneath the clothing it has its favorite regions. The breast and upper abdomen,

back, neck and shoulders are the parts most constantly affected. The flexor surfaces of the arms or the axillae, the scrotum, inner sides of the thighs, mons veneris or the popliteal spaces may be involved in extensive cases. The distribution is usually, but not necessarily, symmetrical. The disease is rare before puberty and after middle life. It attacks individuals of either sex and apparently without regard to their habits of personal cleanliness, but it seems to prefer the skin of those who perspire freely. The disease is contagious, but the causative organism, *Microsporon furfur*, like all the other parasitic fungi, is incapable of growth upon every skin, and repeated intimate contact will fail to convey the disease to a person who is not susceptible. As a rule, there are no subjective symptoms, though occasionally mild itching may be complained of when the patient is warm or perspiring. **DIAGNOSIS:** No matter how closely the disease may resemble *chloasma*, *vitiligo*, *syphilis pigmentosa* or a fading *roseola*, it can be distinguished readily by the furfuraceous scaling or the ease with which the pigmented epidermis can be abraded. The heaps of conidia and masses of interlacing mycelium cannot be overlooked in a microscopic examination of a few scales in a drop of liquor potassae. **TREATMENT:** The patient should bathe daily and scrub the affected parts with soap and warm water and then apply a 25 per cent solution of sodium hyposulphite. The spots disappear in a few days, but the treatment is to be continued for some time, as the disease is very prone to recur.