

## **Pityriasis Rosea in a Female Runner**

MELISSA D. LONG

Teague Athletic Training Facility; Department of Kinesiology and Nutrition; Abilene Christian University

---

*Category: Practicing Clinician*

### **ABSTRACT**

**CASE HISTORY:** The patient was a 40-year-old, physically active, mother and teacher. She had no previous history of autoimmune disease, Shingles, or other skin disorder. She reported having Herpes Zoster (Chicken Pox) at about six years old. In this case, she reported having a bug bite superior to the right iliac crest. After two days of itching the bite appeared normal and the pruritis stopped. After 10 days, the patient reported that the bite was not resolving but was not causing any symptoms. The athlete reported that the area had become scaly. **PHYSICAL EXAM:** Physical exam revealed a raised, scaled patch that measured approximately 2.5 centimeters wide and 1.5 centimeters tall. There were no other patches or skin abnormalities present. The athletic trainer thought that it could be ringworm so she applied topical Nystatin and covered it with a bandage. This was repeated for three days. The athlete then left on an out-of-town ski trip. Five days after initially reporting the possible bug bite, the athlete reported small red bumps over her entire abdomen and back. She attributed the small bumps to possible dry skin due to cold and altitude on the ski trip. Upon return, the rash over the abdomen and back had spread and the bumps turned into flat patches. The initial suspected bug bite was still the same size and scaly, having not responded to the antifungal cream. The athlete was referred to the general physician. **DIFFERENTIAL DIAGNOSES:** Shingles, ringworm, impetigo, tinea, Psoriasis. **TESTS & RESULTS:** The physician did a visual inspection and ordered blood work to rule out any systemic issues. The blood work came back normal. **FINAL DIAGNOSIS:** The final diagnosis was Pityriasis Rosea. **DISCUSSION:** Pityriasis Rosea is not well understood by the medical community. However, due to its docile nature and lack of sequelae, it is often not pursued in research. The initial presentation of a Herald Patch, sometimes known as the Mother Patch, followed days or weeks later by a rash over the trunk and abdomen. None of the ensuing patches are as big as the Herald Patch. Pityriasis Rosea is commonly seen in older children or young adults (ages 10-35). It can be triggered by a viral infection and is thought to possibly be akin to the Herpes Zoster virus. Some research notes that Pityriasis Rosea could be triggered by stress, which may explain why this patient experienced it, also notably at a later age than what is commonly seen in the research. **OUTCOME OF THE CASE:** The patient was told that Pityriasis Rosea was not contagious, and it would resolve itself in three to 10 weeks. She was offered but declined prescription strength hydrocortisone cream for pruritis. No activity restrictions were placed on the patient. **RETURN TO ACTIVITY AND FURTHER FOLLOW-UP:** The patient did not miss any day of training due to Pityriasis Rosea. She only reported mild discomfort for the first couple days. There is no need for follow-up as cause and sequela of Pityriasis Rosea is unknown.