

Annular Pityriasis Versicolor

Anüler Pityriasis Versikolor

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A 35-year-male with asymptomatic skin lesions over neck and upper arms of one month duration visited our dermatology clinic. Clinical examination revealed multiple scaly brownish colored macules of variable size and shape present over neck and upper arms. Several macules were having annular morphology with outer and inner borders (Figure 1a). When these scaly macules were stretched, their scaling became exaggerated (positive evoked scale sign/Besnier's sign/Zireli's sign/coup D'ongle sign). Examination of hair, nails, palms/soles and mucous membranes was unremark-

able. Review of systems was non-contributory. Filamentous hyphae and rounded spores were seen on 10% KOH wet mount preparation of the skin scrapings under microscope, confirming the diagnosis of pityriasis versicolor (Figure 1b). He was treated with Fluconazole 300 mg (FlocazoleTM, Spimaco Addwaeih, Saudi Arabia) weekly for 2 weeks along with topical Lulliconazole cream (LicanTM 1% cream, Jamjoom Pharma, Saudi Arabia) to be applied twice a day causing complete clearance of the lesions. Written consent for publication was obtained from patient.

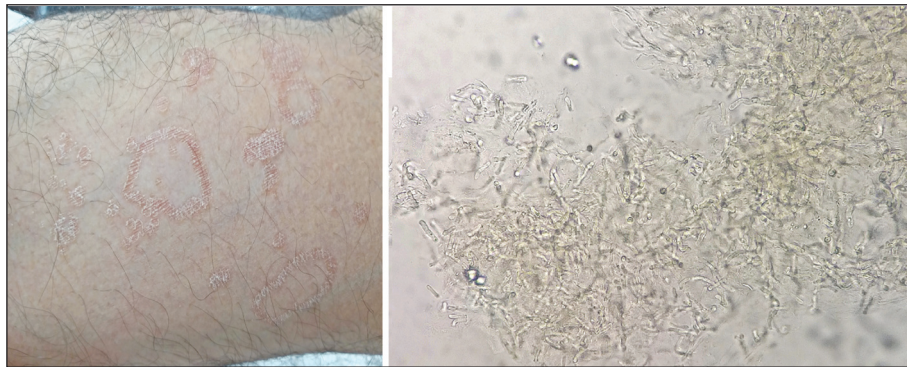


FIGURE 1: a) Brownish scaly macules with annular morphology; b) KOH wet mount from skin scrapings showing fungal elements.

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Pityriasis versicolor (also called as tinea versicolor), a common superficial fungal infection, involves the stratum corneum of the skin. It is caused by dimorphic yeast belonging to genus *Malassezia*. Several species have been reported to cause it like *M. globosa*, *M. sympodialis*, *M. furfur*, etc. Clinically, it is characterized by asymptomatic dyspigmented (hypo-hyperpigmented) scaly macules usually affecting the upper trunk, neck and upper arms. Several morphological variants of pityriasis versicolor are known which include hyperchromic, mixed hyper-hypochromic, hypochromic, acral, circinate, erythematous, atrophic, follicular, etc. However, annular variant has rarely been described. The recognition of the annular variant of this common fungal infection is imperative to rule out other skin diseases which present with lesions having annular morphology.

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Conflict of Interest

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Authorship Contributions

This study is entirely author's own work and no other author contribution.