

Definition: A superficial fungus infection characterized by multiple skin patches varying in color from white to brown. It occurs mainly on the trunk. It is not dangerous to a person's health.

Signs and Symptoms: It is common in young adults. Tan, brown, or white skin patches occur with the greatest number occurring on the back, chest and abdomen. The skin lesions are most noticeable in the summer because the lesions don't tan (so-called "sun spots"). There is usually little or no itching. Most patients seek medical care for tinea versicolor because of cosmetic concerns.

Diagnosis: The condition is usually diagnosed by appearance. Sometimes a skin scraping or use of a Wood's lamp (the involved areas may have a golden fluorescence) is used to aid in diagnosis.

Treatment: Many topical treatments have some effect. First the patient scrubs scaly areas with soap and water. Then the most common treatment we use is Selsun shampoo applied undiluted to all involved areas, including the scalp, for 3 or 4 days at bedtime and washed off in the—the scrotum should be avoided.

If skin irritation occurs, the Selsun shampoo can be washed off in 15 to 60 minutes and subsequent treatments delayed a few days.

In some cases your clinician may choose to use an oral medication for a couple of days.

Prognosis: The skin may not become repigmented and normal-looking until the fungus is clear and the skin has been exposed to the sun enough to tan. Eventual recurrence is very common after any treatment because the causative organism is a normal skin inhabitant. Therefore, it's not uncommon for a patient to have some degree of skin involvement off and on for months or even years.

Special Instructions:

Clinician:

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