

# PITYRIASIS VERSICOLOR / TINEA VERSICOLOR V2.1

## Comments from the Expert Advisory Group

Pityriasis versicolor (also known as tinea versicolor) is a fungal infection of the skin caused by *Malassezia* yeasts.

Pityriasis versicolor responds well to medical therapy, but recurrence is common and prophylactic therapy sometimes may be necessary.

After treatment, skin might not go back to its normal colour for several months. This does not mean the treatment didn't work. It just takes time for the skin to heal.

Take skin scrapings for culture if not localised.

### Skin sampling instruction

- Swabs are of little value, unless there is insufficient material obtained by scraping
- Wipe off any treatment creams before sampling
- Keep any samples at room temperature. Do not refrigerate as dermatophytes are inhibited at low temperatures, and humidity facilitates the growth of contaminants
- Samples should be collected into folded dark paper squares. Secure dark paper squares with a paper clip and place in a plastic bag, or use commercially available fungal packets

### Skin scrapings

- Scrape skin from the advancing edge of lesion; use a blunt scalpel blade or similar
- 5mm<sup>2</sup> of skin flakes are needed for microscopy and culture

Images sourced from [DermNet](https://www.dermnet.org)



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## Treatment

PITYRIASIS VERSICOLOR: 1ST CHOICE OPTIONS			
Drug	Dose	Duration	Notes
Ketoconazole 2% shampoo	Once every 24 hours	1-5 days	Leave preparation on for 3–5 minutes before rinsing. Licensed for use for age 12 years and over.
<b>OR</b> Selenium sulphide shampoo (Selsun®)	Once every 24 hours	7 days	Apply to the affected area and leave on for 10 minutes before rinsing off. Diluting with a small amount of water prior to application can reduce irritation. Selsun® is only licensed for use on the scalp.
<b>OR</b> Clotrimazole 1% cream	Every 8 to 12 hours	7 – 14 days	For smaller areas.
<b>OR</b> Terbinafine 1% cream	Every 12 to 24 hours	14 days	For smaller areas. Not licensed for use in children.
See next page for 2 <sup>nd</sup> choice options			

## PITYRIASIS VERSICOLOR / TINEA VERSICOLOR V2.1

### PITYRIASIS VERSICOLOR: 2ND CHOICE OPTIONS (ADULTS)

Oral therapy is reserved for patients with disease refractory to topical therapy or widespread disease that makes the application of topical therapy difficult.

Drug	Dose	Duration	Notes
Fluconazole* <i>(for extensive disease)</i>	300 mg once weekly	1 – 3 weeks	Use with caution in patients with hepatic dysfunction. Avoid fluconazole (and all oral azoles) in pregnancy. See <a href="#">HPRA caution</a> in women of childbearing potential*
<b>OR</b> Fluconazole* <i>(for extensive disease)</i>	50 mg every 24 hours	2 – 4 weeks	Use with caution in patients with hepatic dysfunction. Avoid fluconazole (and all oral azoles) in pregnancy.  See <a href="#">HPRA caution</a> in women of childbearing potential*
<b>OR</b> Itraconazole** <i>(for resistant disease or second line treatment)</i>	200 mg every 24 hours	7 days	Capsules should be taken immediately after a meal for maximal absorption.  Not recommended in patients with active or chronic liver disease.  Avoid itraconazole (and all oral azoles) in pregnancy**.

\*Women of childbearing potential, for whom fluconazole is prescribed, should be informed of the potential risks to the foetus:

- After single dose treatment, a washout period of one week is recommended before pregnancy.
- For longer courses of treatment appropriate contraception should be considered throughout the treatment period and for one week after the final dose.

\*\* Women of childbearing potential taking itraconazole should use contraceptive precautions. Effective contraception should be continued until the menstrual period following the end of itraconazole therapy.

## Patient Information

### [HSE A to Z Pityriasis versicolor](#)