

< p class="nojs"> < strong>Warning: The NCBI web site requires JavaScript to function. < a href="http://www.ncbi.nlm.nih.gov/corehtml/query/static/unsupported-browser.html#enablejs" title="Learn how to enable JavaScript" target="_blank">more...
< /p>

Tinea versicolor

Pityriasis versicolor

Last reviewed: October 10, 2010.

Tinea versicolor is a long-term (chronic) [fungal infection of the skin](#).

Causes, incidence, and risk factors

Tinea versicolor is relatively common. It is caused by the fungus *Pityrosporum ovale*, a type of yeast that is normally found on human skin. It only causes problems under certain circumstances.

The condition is most common in adolescent and young adult males. It typically occurs in hot climates.

Symptoms

The main symptom is [patches](#) of discolored skin with sharp borders (edges) and fine scales. The patches are often dark reddish-tan in color. The most common sites are the back, underarms, upper arms, chest, and neck. Affected areas do not darken in the sun (skin may appear lighter than surrounding healthy skin)

In African Americans, there may be loss of skin color ([hypopigmentation](#)) or an increase in skin color ([hyperpigmentation](#)).

Other symptoms include:

- Increased sweating

- Itching

Signs and tests

A [skin scraping](#) that is examined under a microscope should show the yeast.

Treatment

Treatment consists of applying antifungal medicines to the skin. These medications include [clotrimazole](#), [ketoconazole](#), and [miconazole](#).

Over-the-counter dandruff shampoos applied to the skin for 10 minutes each day in the shower may also help treat the skin.

Expectations (prognosis)

Though tinea versicolor is easily treated, pigment changes may last for months after treatment. The condition may come back during the warm months.

Calling your health care provider

Call for an appointment with your health care provider if you develop symptoms of tinea versicolor.

Prevention

People with a history of tinea versicolor should try to avoid excessive heat or sweating.

References

1. Habif TP. Superficial fungal infections. In: Habif TP, ed. *Clinical Dermatology*. 5th ed. St. Louis, Mo: Mosby

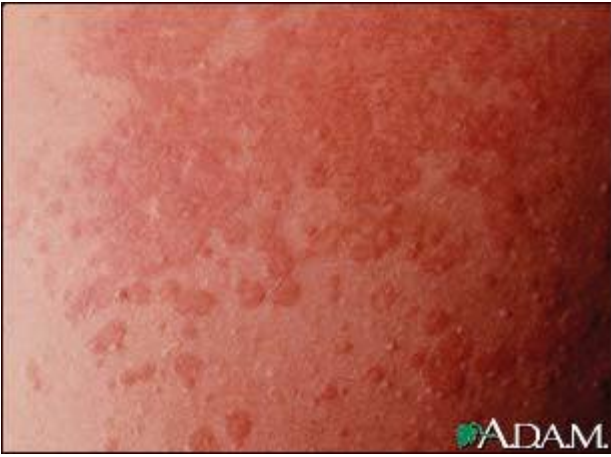
Elsevier; 2009:chap 13.

2. Hay RJ. Dermatophytosis and other superficial mycoses. In: Mandell GL, Bennett JE, Dolin R, eds. *Principles and Practice of Infectious Diseases*. 7th ed. Philadelphia, Pa: Elsevier Churchill Livingstone; 2009:chap 267.

Review Date: 10/10/2010.

Reviewed by: Linda J. Vorvick, MD, Medical Director, MEDEX Northwest Division of Physician Assistant Studies, University of Washington, School of Medicine. Also reviewed by David Zieve, MD, MHA, Medical Director, A.D.A.M., Inc.

Figures



Tinea versicolor - close-up

Tinea versicolor is a superficial fungal infection common in adolescent and young adult males. This close-up view demonstrates the typical pattern of the rash.

Review Date: 10/4/2010.

Reviewed by: Linda J. Vorvick, MD, Medical Director, MEDEX Northwest Division of Physician Assistant Studies, University of Washington School of Medicine. Also reviewed by Kevin Berman, MD, PhD, Atlanta Center for Dermatologic Disease, Atlanta, GA. Review provided by VeriMed Healthcare Network. Also reviewed by David Zieve, MD, MHA, Medical Director, A.D.A.M., Inc.



Tinea versicolor - shoulders

Tinea versicolor is a superficial fungal infection common in adolescent and young adult males. Frequent sites of infection include the neck, upper chest, and axilla (arm pit). The rash may range from yellow to golden brown in color. Mild itching is also associated with this infection. This photograph demonstrates fairly extensive involvement.

Review Date: 10/4/2010.

Reviewed by: Linda J. Vorvick, MD, Medical Director, MEDEX Northwest Division of Physician Assistant Studies, University of Washington School of Medicine. Also reviewed by Kevin Berman, MD, PhD, Atlanta Center for Dermatologic Disease, Atlanta, GA. Review provided by VeriMed Healthcare Network. Also reviewed by David Zieve, MD, MHA, Medical Director, A.D.A.M., Inc.



Tinea versicolor - close-up

This is a fungal infection of the skin known as tinea versicolor, and is common in adolescent and young adult males. Besides the rash, there may be mild itching. Frequent sites of infection include the neck, upper chest, and arm pit (axilla). The rash may be white to yellowish to golden brown in color. A tan can accentuate the difference in skin color.

Review Date: 10/4/2010.

Reviewed by: Linda J. Vorvick, MD, Medical Director, MEDEX Northwest Division of Physician Assistant Studies, University of Washington School of Medicine. Also reviewed by Kevin Berman, MD, PhD, Atlanta Center for Dermatologic Disease, Atlanta, GA. Review provided by VeriMed Healthcare Network. Also reviewed by David Zieve, MD, MHA, Medical Director, A.D.A.M., Inc.



Tinea versicolor on the back

Tinea versicolor is an infection caused by a fungus that is common in adolescent and young adult males. Besides the rash, seen here on the back, there may be mild itching. Frequent sites of infection include the neck, upper chest, and arm pit (axilla). The rash may be white (as seen here) to yellowish to golden brown in color. A tan can accentuate the difference in skin color.

Review Date: 10/4/2010.

Reviewed by: Linda J. Vorvick, MD, Medical Director, MEDEX Northwest Division of Physician Assistant Studies, University of Washington School of Medicine. Also reviewed by Kevin Berman, MD, PhD, Atlanta Center for Dermatologic Disease, Atlanta, GA. Review provided by VeriMed Healthcare Network. Also reviewed by David Zieve, MD, MHA, Medical Director, A.D.A.M., Inc.



Tinea versicolor - back

Tinea versicolor is caused by the organism *Pityrosporum ovale*. It occurs most often in young adults. Wood's lamp examination reveals pale yellow-green fluorescence. KOH prep reveals "spaghetti and meatballs" with hyphae and spores. Skin lesions are sharply marginated macules, either hyper or hypopigmented, covered with fine scale. Small discrete lesions may eventually coalesce to cover large areas of the trunk.

Review Date: 10/10/2010.

Reviewed by: Linda J. Vorvick, MD, Medical Director, MEDEX Northwest Division of Physician Assistant Studies, University of Washington, School of Medicine. Also reviewed by David Zieve, MD, MHA, Medical Director, A.D.A.M., Inc.



[A.D.A.M., Disclaimer](#)

A.D.A.M., Inc. is accredited by URAC, also known as the American Accreditation HealthCare Commission (<http://www.urac.org/>). URAC's accreditation program is an independent audit to verify that A.D.A.M. follows rigorous standards of quality and accountability. A.D.A.M. is among the first to achieve this important distinction for online health information and services. Learn more about A.D.A.M.'s editorial policy, editorial process and privacy policy. A.D.A.M. is also a founding member of Hi-Ethics and subscribes to the principles of the Health on the Net Foundation (<http://www.hon.ch/>).

The information provided herein should not be used during any medical emergency or for the diagnosis or treatment of any medical condition. A licensed medical professional should be consulted for diagnosis and treatment of any and all medical conditions. Call 911 for all medical emergencies. Links to other sites are provided for information only – they do not constitute endorsements of those other sites. © 1997-2011 A.D.A.M., Inc. Any duplication or distribution of the information contained herein is strictly prohibited.

[Copyright](#) © 2012, A.D.A.M., Inc.