

Tinea Versicolor: Patient-Centered Handout

Tinea versicolor (TV) is one of the most common skin disorders, especially in warm humid environments. In Hawaii, where it is very prevalent, it is called “kani” or “haole rot.” In the Caribbean, “Louda.” If you live in a warm climate, there will likely be a lay term.

Tinea versicolor (TV), a superficial yeast infection of the skin, is caused by *Pityrosporon orbiculare*, a normal scalp organism. Obesity, pregnancy, and a warm, moist environment may predispose a person to this infection. The disorder is more common in the warm summer months.

TV may show up as white, tan, or brown spots on the skin. The back, chest, and upper arms are most frequently involved, but other areas may be affected. In children, the head and neck are involved, but only rarely in post-adolescents. It may be first noticed after the skin is tanned, because the color difference is then obvious. The yeast may interfere with the normal tanning process and therefore, the skin may look pale in the affected areas. Usually there are no symptoms or only mild itching.

Pityrosporon orbiculare, is a normal scalp organism. For this reason, all of us harbor it, while only a percentage actually manifest the rash of TV. The *pityrosporum* yeast can also cause an acne-like hair follicle dermatitis called *pityrosporon folliculitis*, and some authorities believe it is associated with seborrheic dermatitis.

Untreated, TV may persist for many years, although in temperate climates it usually goes away in the cool or cold months.

Treatment Directions

Thorough scrubbing of the skin with a rough washcloth and the use of ketoconazole 2% shampoo will usually control the infection, but the skin may not return to its normal color for a number of months. Sun exposure will eventually re-tan the affected skin. In addition, most patients who have TV will experience relapses.

There are various therapies for TV, and no one of them is perfect for all patients.

At present, we prefer 2% ketoconazole shampoo. Selenium sulfide suspension (Selsun, not Selsun Blue) was the standard therapy for years but it is less aesthetic. Both are prescription medications. The over-the-counter 1% ketoconazole shampoo is probably not as effective.

Treatment Protocol: 2% ketoconazole should be massaged into the skin from the neck down covering all affected areas, allowed to dry, and remain on for 10-15 minutes, after which it is washed off in a shower. This is repeated two or three times a week until the skin is clear.. Some people clear after as little as two weeks of treatment. After the first two weeks, the medication may be reapplied weekly or every other week in a similar fashion. Treatment over the winter is not needed for most patients.

Imidazole creams and lotions (Miconazole, Clotrimazole, Econazole, Ketoconazole, and others) are effective when only small area are involved. They should be rubbed in once or twice daily to the affected areas for three to four weeks.

In patients with very extensive disease, oral ketoconazole is very effective in eradicating the infection. This is not for every patient, because of possible serious, but very infrequent, side effects. An informed patient may decide to use this drug after appropriate blood tests are done. Recurrences are the rule, however.

For a good description of tinea versicolor with photos see [DermNet](#).