



(A)dressing the Christmas Tree? Therapies for pityriasis rosea.

CLINICAL QUESTION

What therapies improve resolution of pityriasis rosea (Christmas tree rash)?

BOTTOM LINE

Pityriasis rosea is self-limiting. Based on limited evidence, oral corticosteroids reduce itch and rash for ~95% of patients while acyclovir is effective in ~70% of patients versus 30-60% on placebo at 1-2 weeks. Macrolides likely ineffective. Little/no evidence for topical corticosteroids or oral antihistamines.

EVIDENCE

- One systematic review¹ studying all treatments and 1 acyclovir² (age 2-60). Outcomes at 2-weeks; statistically significant unless stated.
- Prednisolone (20mg tapered over 15-days) versus placebo [1 randomized, controlled trial (RCT), 70 patients]:¹
 - Resolved itch: 94% versus 32% (placebo).
 - Good/excellent rash improvement: 97% versus 60% (placebo).
- Acyclovir 400-800mg 5x daily 7-days:^{1,2}
 - Versus placebo/vitamins/no treatment (3 RCTs 141 patients):¹
 - Good/excellent rash reduction: 67% versus 28% (control).¹
 - Versus no acyclovir with calamine lotion and cetirizine 10mg (both arms) (1 RCT, 24 patients):¹

- Itch resolution: 75% versus 17% (no acyclovir).
 - Lesion score³ (1-5, higher worse, baseline=4.1): 0.9 versus 3 (no acyclovir).
- Macrolides:
 - Clarithromycin or azithromycin versus placebo (4 RCTs, 207 patients):¹
 - Rash/itch improvement: No difference.
 - Erythromycin 1gram daily x7-14 days versus placebo:¹
 - Itch score reduction (1-10, more reduction=better) (1 RCT, 34 patients): 5.7 versus 1.8 (placebo).
 - Rash improvement (2 RCTs, 86 patients): No difference.
 - Gastrointestinal upset: 12% versus 6% (placebo).
- Topical corticosteroids: No RCTs.¹
- Antihistamines:¹ Dexchlorpheniramine versus oral betamethasone versus combined (1 RCT, 85 patients).¹
 - Dexchlorpheniramine versus Betamethasone: No difference.
 - Either versus combined: No difference in itch, but rash improved more in either alone versus combined (likely spurious).
- Limitations: Few/small studies, some unblinded.¹

CONTEXT

- Distribution of secondary lesions along Langer lines, appearing ≤6 weeks after herald patch. Self-limiting lasting ~45 days with moderate-severe pruritis in 30-50%.¹
- Guidance:⁴
 - Consider antihistamines or topical/oral corticosteroids if symptoms severe.
 - Consider acyclovir in pregnancy but pityriasis rosea risks inconsistent/unclear. Example, case-series (38 pregnancies) suggesting first-trimester had higher pregnancy loss⁵ not supported in subsequent case-series (53 and 33 pregnancies).^{6,7} Treatment effect unknown.
- Proposed viral etiology (examples HHV-6, HHV-7), with constitutional symptoms ~69%.⁴
- Not to be confused with tinea (pityriasis) versicolor, caused by Malassezia yeast genus.⁸

REFERENCES

1. Contreras-Ruiz J, Peternel S, Jiménez-Gutiérrez C, *et al.* Cochrane Database Syst Rev. 2019; 10:CD005068.
2. Rodriguez-Zuniga M, Torres N, Garcia-Perdomo H. An Bras Dermatol. 2018; 93(5):686-95.
3. Das A, Sil A, Das NK, *et al.* Indian Dermatol Online J. 2015; 6(3):181-4.
4. Villalon-Gomez J. Am Fam Physician. 2018; 97(1):38-44.
5. Drago F, Broccolo F, Zaccaria E, *et al.* J Am Acad Dermatol. 2008; 58(5 suppl 1): S78-S83.
6. Wenger-Oehn L, Graier T, Ambros-Rudolph C, *et al.* J Dtsch Dermatol Ges. 2022; 20(7):953-959.
7. Stashower J, Bruch K, Mosby A *et al.* J Am Acad Derm. 2021; 85(6):1648-9.
8. Leung AK, Barankin B, Lam JM, *et al.* Drugs Context. 2022; 11:2022-9-2.

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