CONDITION

Pityriasis alba

Pityriasis alba causes pale, mildly dry skin patches that usually fade over time.

WHAT IT IS
Common condition causing pale, slightly scaly skin patches

BODY SYSTEM
Skin

MAIN SYMPTOMS
Pale patches, dryness, fine scaling, occasional mild itching

WHAT CAUSES IT
Unknown, often linked with eczema and dry skin

HOW IT IS DIAGNOSED
Skin examination, sometimes fungal scraping or Wood lamp

MAIN TREATMENT
Moisturisers, sun protection, and anti-inflammatory skin treatments

CAN IT BE CURED?
Yes - usually clears without lasting skin damage

IS IT AN EMERGENCY?
No - urgent symptoms usually suggest another condition

LONG-TERM OUTLOOK
Gradual recovery, sometimes taking months or years

Overview

Pityriasis alba is a common, harmless skin condition that causes lighter patches of skin. The patches may also be dry or covered with very fine scales. They appear most often on the face, especially the cheeks, but can also affect the neck, shoulders, upper arms, or upper body.

The name describes how the condition looks. "Pityriasis" refers to fine scaling, while "alba" means white. The patches are usually not completely white. They tend to be a little lighter than the surrounding skin, with soft or poorly defined edges.

Pityriasis alba mainly affects children and teenagers, although adults can develop it. It is often associated with dry or sensitive skin and atopic dermatitis, a type of eczema.

The condition is not contagious. You cannot catch it through skin contact, towels, swimming pools, or sharing a home. It is also not a fungal infection.

The patches usually recover without scarring. However, normal skin colour can take months or sometimes several years to return. The difference may look more noticeable after sun exposure because the surrounding skin tans while the affected areas do not tan as much.

Symptoms

Pityriasis alba usually develops as one or more round or oval patches. Typical features include:

The patches are often about the size of a coin, but they can be smaller or larger. Several patches may join together. They are usually flat and do not cause pain, bleeding, or open sores.

The appearance may change over time. A patch can begin slightly pink or red and mildly scaly. The redness then fades, leaving an area of lighter skin. Eventually, the normal colour returns.

The contrast is often easier to see on darker skin tones. It may also become more obvious during summer or after a holiday in the sun. This does not necessarily mean the condition is getting worse.

- Patches that are lighter than the surrounding skin
- Dryness or very fine, powdery scaling
- Blurred or poorly defined patch edges
- Mild itching, although many patches do not itch

Causes and risk factors

The exact cause of pityriasis alba is not known. It appears to involve mild inflammation in the skin. This inflammation temporarily reduces the production or distribution of melanin, the pigment that gives skin its colour.

Pityriasis alba is more common in people with atopic dermatitis or a personal or family tendency toward eczema, asthma, or hay fever. However, you can develop it without having any of these conditions.

Dry skin may contribute. Hot weather, low humidity, frequent washing, harsh soaps, and skin irritation can make dryness or scaling more noticeable. Sun exposure increases the contrast between the patches and surrounding skin but is not thought to be the underlying cause.

The condition is not caused by poor hygiene, a vitamin deficiency, or anything you have done wrong. It is not caused by worms or another infection.

Diagnosis

A healthcare professional can usually identify pityriasis alba by examining the skin and asking how the patches have changed. There is no blood test that confirms it.

They may look at the patches under a Wood lamp, which uses ultraviolet light to show differences in skin colour. Pityriasis alba usually does not glow bright white in the way some other pigment conditions can.

A gentle skin scraping may be examined under a microscope or tested for fungus if ringworm is possible. Ringworm often has a more clearly defined, raised, or scaly border.

Rarely, a small skin sample called a biopsy is needed. This is usually considered only when the appearance is unusual or the diagnosis remains uncertain.

Other conditions can also cause pale patches. These include vitiligo, fungal infections, inflammation from eczema or injury, and less common pigment disorders. An examination is useful if the patches are sharply white, spreading quickly, appearing in unusual places, or not following the expected course.

Treatment and management

Pityriasis alba does not always need medical treatment. Management focuses on reducing dryness and inflammation while the skin colour gradually returns.

A plain, fragrance-free moisturiser can help with scaling and dryness. It is usually most useful when applied regularly, particularly after washing. Gentle cleansers or soap substitutes may be less drying than strongly scented soaps and shower products.

Sun protection does not remove the patches, but it can reduce the contrast between affected and unaffected skin. Suitable options include shade, protective clothing, and broad-spectrum sunscreen. Sun protection also helps prevent sunburn.

If a patch is red, itchy, or inflamed, a healthcare professional may suggest a mild corticosteroid cream for a limited period. Corticosteroids like prednisone or hydrocortisone reduce inflammation. The strength and length of use matter, especially on the face, so these treatments should be used as directed.

Non-steroid anti-inflammatory creams called topical calcineurin inhibitors may sometimes be considered. These include tacrolimus and pimecrolimus. They are prescription treatments in many countries and are not necessary for everyone.

Treatment can settle dryness and redness before the pale colour disappears. This does not

mean it has failed. Pigment-producing cells may need more time to restore an even colour.

Antifungal like fluconazole or terbinafine creams do not treat pityriasis alba unless testing or examination finds a fungal infection. Skin-lightening products, bleach, vigorous scrubbing, and tanning are not appropriate treatments and may irritate the skin or increase colour differences.

Complications

Pityriasis alba does not usually cause medical complications. It does not damage internal organs, become cancerous, or leave scars.

The main concern is often how the patches look, especially when they affect the face or are clearly visible on darker skin. This may cause embarrassment or unwanted comments. Camouflage cosmetics can be used if you want to make the colour difference less noticeable.

Problems can occur if strong corticosteroids are used incorrectly. Long-term or excessive use may thin the skin or cause other skin changes. Use medicated creams according to professional advice.

Prevention

There is no proven way to prevent pityriasis alba completely because its precise cause is unknown. A tendency toward eczema or sensitive skin may also be inherited.

Gentle skin care may reduce dryness and make episodes less noticeable. This includes using moisturiser, avoiding products that irritate your skin, and keeping baths or showers comfortably warm rather than very hot.

Sun protection can limit tanning around the patches. It does not prevent the underlying condition, but it may make the difference in colour less obvious.

Living with it and what to expect

Pityriasis alba often follows a slow course. A patch may first become dry or slightly pink, then lose some colour. The scaling and inflammation generally improve before the skin colour returns.

Many patches clear within several months, but some remain visible for a year or longer. New patches can appear while older ones are fading. The condition may return, particularly in people with ongoing dry skin or eczema.

The patches usually become less common with age and often stop recurring by adulthood. Some adults continue to have episodes, so there is no exact timetable for recovery.

Normal daily activities, school, work, exercise, and swimming do not need to be restricted. You do not need to avoid physical contact with other people. Regular moisturising and sun protection may be enough to manage the condition while it settles.

Changes in appearance can be frustrating even when a condition is harmless. If the patches affect your confidence or wellbeing, mention this during routine medical care. Support and cosmetic camouflage options may help.

When to get medical help

Arrange a routine appointment if:

Pityriasis alba itself is not an emergency. Seek prompt medical assessment if a skin area becomes hot, swollen, very painful, or starts draining pus, especially with a fever. These signs are not typical of pityriasis alba and may indicate an infection.

Get urgent or emergency help for a rapidly spreading rash with blistering or peeling, or for breathing difficulty or swelling of the lips, tongue, or throat after using a skin product or medicine. These are not expected features of pityriasis alba.

- You are unsure what is causing the pale patches
- The patches are sharply defined, completely white, or spreading
- Hair within the patches also loses colour
- The skin is very itchy, inflamed, painful, or repeatedly cracked
- Treatment recommended for eczema is not helping
- The appearance is affecting your confidence or emotional wellbeing

Common questions

Is pityriasis alba the same as vitiligo?

No. Vitiligo usually causes completely white patches with clearer borders because pigment-producing cells have been lost. Pityriasis alba causes partial lightening, often with dryness or fine scaling. A healthcare professional can examine uncertain patches.

Is pityriasis alba a fungal infection?

No. It is linked with mild skin inflammation rather than fungus. Because some fungal infections

can also cause pale, scaly areas, a skin scraping may be used when the diagnosis is unclear.

How long does pityriasis alba take to go away?

The dryness and scaling may improve fairly quickly, but the colour difference usually fades more slowly. Recovery can take months and sometimes several years. The skin generally returns to its usual colour without scarring.

Can I tan the white patches to even out my skin?

The patches may not tan as much as the surrounding skin, so intentional tanning can make the contrast stronger. Tanning also exposes your skin to ultraviolet damage. Sun protection and cosmetic camouflage are safer ways to reduce the visible difference.

Does pityriasis alba mean I have a vitamin deficiency?

Pityriasis alba is not generally caused by a vitamin deficiency. Routine vitamin supplements are not an established treatment unless a separate deficiency has been diagnosed.

Can adults get pityriasis alba?

Yes. It is more common in children and teenagers, but adults can develop it. Pale or changing patches in an adult may have several possible causes, so an examination is sensible if the diagnosis has not already been confirmed.

Sources

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