A 23-year-old Caucasian man presented with an inflammatory lesion on his right foot. The patient reported that he was in good general health and not on any systemic drug therapy. The lesion had appeared one week earlier accompanied by mild pruritus. No treatment was given prior to our examination. The latter showed an oval, 3×2 cm lesion on the medial surface of the right foot. The lesion was characterized by fine desquamation in the centre and well-defined, erythematous-papular borders (Fig. 1). No similar lesions were observed elsewhere.

A clinical diagnosis of tinea was made. However, mycological examinations were negative. Bacteriological examinations were also negative. All laboratory tests, including tests for syphilis, were negative or within normal ranges. A biopsy was suggested, but was refused by the patient due to his work as a footballer. He was discharged without therapy. One week later, the patient returned due to development of an erythematous-papular, mildly pruritic rash on his trunk, upper limbs and thighs.

What is your diagnosis? See next page for answer.

Fig. 1. Erythematous-squamous lesion on the foot.
An Erythematous-squamous Lesion on the Foot: A Commentary


Diagnosis: Herald patch of pityriasis rosea

The clinical presentation of the rash was typical of pityriasis rosea (PR). The patient was treated with cetirizine (10 mg/day for 10 days). No topical treatment was prescribed. Complete remission of the rash was observed within 4 weeks.

According to the literature and our personal clinical experience, it is unusual for PR to involve the hands and feet. However, the involvement of hands and feet in African patients is common (1). Furthermore, in a French study of 249 patients with PR, 4% had palmoplantar involvement (2). Involvement of the feet is clinically polymorphous: hyperkeratotic macules (3), scaly erythematous patches or plaques (4, 5), desquamation (6), vesicles (4, 7, 8) and blisters (9) have been reported. To our knowledge, only one case of (rather atypical) herald patch of PR on the feet has been reported previously (10).

REFERENCES