A 18-YEAR-OLD FIJIAN WOMAN PRESENTED WITH A 3-YEAR HISTORY OF a concentric, scaly rash on her shoulders; the rash was also present on her trunk, arms, and legs (not shown). The rash was pruritic and progressively spread to involve approximately 70% of the body-surface area. Her brother had similar skin findings. Previous courses of oral griseofulvin and terbinafine had led to temporary resolution of the rash. A clinical diagnosis of tinea imbricata was made. Tinea imbricata, a rare, superficial fungal infection caused by *Trichophyton concentricum*, is endemic to the South Pacific and regions of Central and South America. The lesions, which are often pruritic, are most commonly seen on the torso and limbs but can develop on any part of the body. The infection tends to follow a chronic or recurrent and relapsing course, although it is not invasive. The differential diagnosis for these skin findings includes erythema gyratum repens, a paraneoplastic phenomenon. The patient was treated with griseofulvin to clear the active infection and with topical, dilute vinegar soaks to prevent recurrence. Unfortunately, follow-up of the patient was not possible owing to her remote location.