INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

# THE PREVALENCE OF MALASSEZIA FOLLICULITIS IN PATIENTS WITH PAPULOPUSTULAR/COMEDONAL ACNE, AND THEIR RESPONSE TO ANTIFUNGAL TREATMENT

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Backgound: Malassezia folliculitis (MF) may clinically mimic acne vulgaris (AV); therefore, it is commonly underdiagnosed and the patients usually receive unnecessary and prolonged antibiotic treatment.

Objective: In this prospective study, we aimed to determine the prevalence of MF among patients with papulopustular/comedonal acne, and to evaluate its response to antifungal treatment.

Material and Methods: In all, 217 patients with papulopustular/comedonal acne were underwent cytologic examination for the presence of Malassezia yeasts. Samples were obtained from lesional and nonlesional skin and stained with May-Grünwald-Giemsa. MF was diagnosed if there were more than 6 budding spores in one microscopic field (x400 magnification). A modified “lesion counting” method was used to assess clinical severity. Treatment included itraconazole (200 mg daily, p.o.) and topical ketaconazole for 4 weeks.

Results: Fifty-five (25.3%) patients were diagnosed with MF; of those, 38 (69.1%) completed the treatment. MF was more frequent in summer (p=.001). The lesions decreased 50% or more in 26 (68.4%) of the patients who completed the antifungal treatment which reduced the closed comedones/comedo-like or molluscoid papules and inflammatory papules, in particular.

Conclusions: MF may present with AV-like lesions, or the two diseases may coexist. Cytology is helpful for correct diagnosis and proper management of MF.