Malassezia folliculitis prophylaxis recommendations

The prophylaxis recommendations are identical for individuals who are immunocompetent, immunocompromised or have concurrent liver disease. The recommendations are as follows:

Grade A recommendations:

- Topical azoles 1–3 times weekly
- Selenium sulfide for 3 days, then once weekly
- Ciclopirox gel 0.77% or cream 1.5% or shampoo 1.5%, once daily for 4 weeks
- Propylene glycol 50% in water twice daily for 3 weeks
- Zinc pyrithione 1% 1–3 times weekly

Grade B recommendations:

- Fluconazole 400 mg monthly
- Itraconazole 400 mg monthly

Biochemical screening before and during oral azole treatment

EADV Mycology Task Force working group on MF recommends that biochemical screening before and during systemic azole treatment should follow local or national guidelines.

Prognosis

According to published studies, up to 100% of individuals with MF relapse after the end of treatment.[29,32,41] Notably, only one study (n = 75) assessed the effect of prolonged antifungal treatment; all the patients were in remission for 2–3 months after the administration of topical ketoconazole cream or shampoo 3–4 times per week.[28] Therefore, a continued topical regimen may be useful to prevent symptomatic relapses of MF, especially in individuals with several risk factors.

Comments on treatments against *Malassezia* folliculitis

There is a high co-occurrence of MF and acne vulgaris, which are difficult to differentiate clinically, due to shared pathomechanism.[6] A study on 52 individuals compared clinical and histopathological characteristics of MF and acneiform eruption.[13] Only histopathological findings could differentiate between the two dermatoses. Fungal spores in the follicular lumen indicated MF ($p < 0.001$), while intrafollicular inflammation ($p = 0.009$), irregular keratin plugging ($p = 0.008$), and nuclear dust in the follicular lumen ($p < 0.001$) indicated acneiform eruption.[13] Individuals with concomitant MF and acne who receive antifungals may experience an improvement in MF but have a limited effect on acne. Therefore, in cases with suspected concomitant MF and acne, it may be advisable to supplement the azole treatment with anti-acne medications.

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CONFLICT OF INTEREST STATEMENT

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DATA AVAILABILITY STATEMENT

Data sharing are not applicable to this article as no new data were created or analysed in this study.