YEAST INFECTIONS

Etiologic Agents, Epidemiology, and Pathogenesis *Malassezia* species, primarily *M. furfur* and M. *pachydermatis*, are lipophilic yeasts that generally cause only minor skin infections but, on occasion, can cause invasive infection. *Malassezia* species are part of the indigenous human microbiota found in the stratum corneum of the back, chest, scalp, and face—areas rich in sebaceous glands. The organisms do not invade below the stratum corneum and generally elicit little if any inflammatory response.

Clinical Manifestations *Malassezia* species cause tinea versicolor (also called *pityriasis versicolor*), folliculitis, and seborrheic dermatitis. Tinea versicolor presents as flat round scaly patches of hypo- or hyperpigmented skin on the neck, chest, or upper arms. The lesions are usually asymptomatic but can be pruritic. They can be mistaken for vitiligo, but the latter is not scaly. Folliculitis occurs on the back and chest and mimics bacterial folliculitis. Seborrheic dermatitis manifests as erythematous pruritic scaly lesions in the eyebrows, moustache, nasolabial folds, and scalp (dandruff). Seborrheic dermatitis can be severe in patients with advanced AIDS. Fungemia and disseminated infection occur rarely with *Malassezia* species, and almost always this occurs in premature neonates receiving parenteral lipid preparations through a central venous catheter.

Diagnosis *Malassezia* infections are diagnosed clinically in most cases. If scrapings are collected on a microscope slide on which a drop of potassium hydroxide has been placed, a mixture of budding yeasts and short septate hyphae is seen. In order to culture *Malassezia* from those patients in whom disseminated infection is suspected, sterile olive oil must be added to the medium.

Treatment and Prognosis Topical creams and lotions, including selenium sulfide shampoo, ketoconazole shampoo or cream, and terbinafine cream, are effective in treating *Malassezia* infections and are usually given for 2 weeks. Other more expensive antifungal creams are rarely needed. Mild topical steroid creams are