

Common Commensals or Uncommon Calamity?

A. Velani, E. Hart

Department of Infectious Diseases, Nottingham University Hospitals NHS Trust, Nottingham, NG5 2PB, UK

BACKGROUND

Malassezia (previously pityrosporum) species are present in over 90% of adults and are common cutaneous flora but can also be associated with diverse clinical presentations. Lipophilic in nature, they are common to sebaceous areas typically instigating infection through overgrowth, inflammation or extension into hair follicles. Predisposing factors include corticosteroid use as well as immunosuppression. Other risk factors include antibiotic use and climate.

We present a case of a young woman with none of these factors who required prolonged treatment to control her symptoms.



Image 1:
21/08/2014



Image 2:
23/03/2015



Image 3:
07/04/2015



Image 4: 2018
(off treatment)

SKIN BIOPSY RESULTS

Sept 2014	Mixed inflammatory process – no bacteria or fungi on stains
Oct 2014	Possibility of fungal folliculitis – 1 x pityrosporum within the hair shaft
June 2015	Acute inflammatory cells and spores suggestive of pityrosporum infection

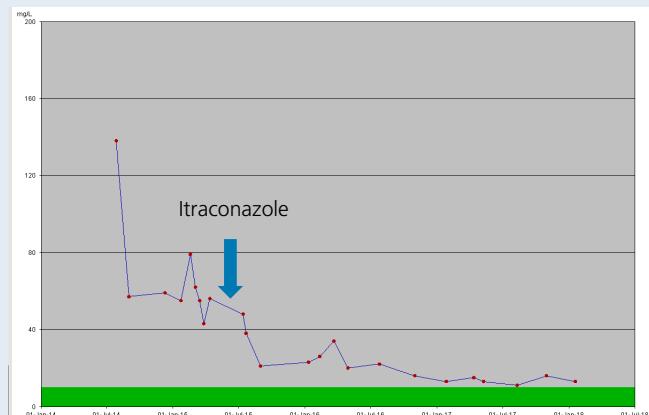


Figure 1: CRP levels over 2 years

DIAGNOSIS (June 2015)

Panfungal PCR positive: Malassezia species

CASE

An 21 year old woman was admitted under acute medicine in July 2014 after a trip to Florida. She presented with systemic symptoms of a lower respiratory tract infection and skin lesions. Several specialties saw her with recurrent skin lesions.

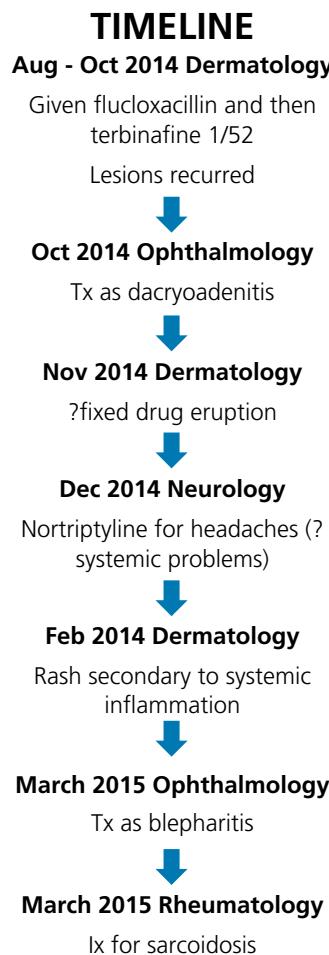
The symptoms significantly impacted on her quality of life.

Skin biopsy found pityrosporum in October 2014 but this was discounted as a skin commensal.

She was referred to infectious diseases.

ISSUES

- Referred and accepted to 100000 genome project
- Concerns over relapse and itraconazole levels with OTC slimming tablets.
- Concerns regarding contraception with itraconazole



MANAGEMENT

She was started on Itraconazole in June 2015. Treatment was stopped for 2 weeks in October 2015, and subsequently the lesions flared. Further outbreaks were thought to be attributable to concomitant OTC drug use and intermittent adherence to medication.

DISCUSSION

Common commensals can cause clinical symptoms. Our patient has no evidence of immunosuppression despite expensive investigation, yet developed recurrent skin lesions with a systemic inflammatory response.

In this young woman's case we speculate that her presentation could be a result of adolescence, sebum and exposure to a hot, humid environment on a background of genetic predisposition.

Itraconazole was continued for 18 months before relapses stopped.

Biopsies should be sent for microbiology as well as histology.

Pan fungal PCR was a useful aide.

ACKNOWLEDGEMENTS:

Our thanks go to Ms X for her kindness in allowing personal photographs to be used.