2. Vulvovaginal candidiasis

Synonym: Genital candidiasis

Pregnant women and adult women with diabetes are frequently affected. There is erosive reddening, formation of white fur, and white vaginal discharge. In male cases, reddening and scaling occur on the corona of the glans penis and foreskin. Genital candidiasis may occur as a symptom of a sexually transmitted disease.

3. Chronic mucocutaneous candidiasis (CMCC)

Various types of candidiasis appear in childhood accompanying underlying disease such as immunodeficiency or endocrine abnormality, and progress slowly. Multiple skin lesions occur. Unlike other candidiases, chronic mucocutaneous candidiasis (CMCC) is characterized by thick crust that may become verrucose. CMCC responds well to treatment; however, recurrence often results when treatment is terminated. It is intractable.

C. Malassezia infections

1. Pityriasis versicolor

Synonym: Tinea versicolor

Outline

- It is a superficial infection caused by Malassezia furfur, a fungal yeast that is resident in more than 90% of adults.
- Light brown patches or hypopigmented macules 1 to 3 cm in diameter appear on the upper trunk of young men and women and may coalesce into larger macules.
- Scales exfoliate in large amounts from the eruption when scraped.
- For diagnosis, detection of hyphae and microscopic examination with KOH solution or Wood’s lamp (yellow-orange fluorescence) are important.

Clinical features

Pityriasis versicolor begins as light brown patches or hypopigmented macules of 5 mm to 20 mm in diameter, most frequently on the trunk, but sometimes on the upper arms and neck (Fig. 25.17). They gradually enlarge and coalesce, presenting larger macules. Pityriasis versicolor in which brown patches are produced is called pityriasis versicolor nigra; pityriasis versicolor in which hypopigmented macules occur is called pityriasis versicolor alba. The patches tend to be asymptomatic, although there
may be mild reddening or itching.

Epidemiology

*Malassezia furfur*, the causative fungus of pityriasis versicolor, is resident in the seborrheic regions. It has spherical spores and short, thin hyphae. Pityriasis versicolor tends to occur in spring and summer, when perspiration increases. It is found most frequently in young men and women of about age 20.

Laboratory findings

A mass of thin hyphae and spherical spores is observed by KOH direct microscopy of the scales. It is easily observed when blue ink is added to the KOH solution (Fig. 25.18). Wood’s lamp shows yellow-orange fluorescence and the size of the skin lesion.

Diagnosis

Diagnosis of pityriasis versicolor is confirmed by clinical features, KOH direct microscopy and fluorescence under Wood’s lamp.

Differential diagnosis

KOH direct microscopy is necessary for differential diagnosis. Pityriasis versicolor is differentiated from vitiligo vulgaris, pityriasis rosea and leukoderma pseudosyphiliticum.

Treatment

Pityriasis versicolor heals relatively easily with topical imidazole antifungal agents in about two weeks. It is both chronic and recurrent.

2. Pityrosporum folliculitis

This is folliculitis caused by fungi of the genus *Malassezia*. A red follicular papule of 2 mm to 3 mm in diameter occurs (Fig. 25.19), sometimes accompanied by a small pustule. Itching and sharp pain are present. It accompanies pityriasis versicolor or seborrheic dermatitis in some cases.