

Case Report

Pityrosporum Folliculitis: A Case Report

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ABSTRACT

Pityrosporum folliculitis (PF) is an inflammatory skin disorder that presents as a pruritic, follicular papulopustular eruption distributed on the upper trunk of young to middle aged adults. Herein, we report a 21-years old healthy male presented with 2 weeks history of persistent itchy skin lesions. Skin examination revealed multiple and extensive monomorphic papules and pustules with erythematous halo on his forehead, chest, back, neck and upper arms. No history of associated fever or arthralgia. Hair, nails and mucous membranes were normal. Skin smear from a pustule for potassium hydroxide (KOH) was negative for hyphae and yeast. The lesions disappeared 2-weeks after ketoconazol shampoo once daily plus oral fluconazole 100 mg cap once daily. On the basis of the above clinical findings, a diagnosis of *Pityrosporum folliculitis* was made.

Keywords

Pityrosporum folliculitis; Inflammatory skin disorder; Differential diagnosis.

INTRODUCTION

Pityrosporum (*Malassezia*) folliculitis (PF) was first described by Weary et al in 1969.¹ PF is a fungal infection of the hair follicles caused by *Malassezia* yeasts.² *Malassezia* yeasts are normal flora of the skin that under certain circumstances become pathogenic and lead to an inflammatory reaction in the skin.³ PF is characterized clinically by symmetrical monomorphic follicular 1-3 mm erythematous papules and pustules that present mainly on the chest, shoulders, neck and less commonly on the head. It is more common in females.^{3,4} The differential diagnosis of *pityrosporum* folliculitis includes chicken pox, steroid acne, herpes simplex virus, acute generalized exanthematous pustulosis (AGEP), and pustular psoriasis.¹⁻² Treatment of PF includes topical agents (e.g) (econazole solution, selenium sulfide shampoo) and systemic agents (e.g) (fluconazole). Isotretinoin and photodynamic therapy have also been used in small case series.⁵

CASE REPORT

Twenty-one-years old healthy male presented with 2-weeks history of persistent itchy skin lesions. Past medical history, family history, and review of symptoms were all unremarkable. No history of drug intake. Skin examination revealed extensive multiple mono-

morphic papules and pustules with erythematous halo on his forehead, chest, back, neck and upper arms (Figure 1). Hair, nails and mucous membranes were normal. Skin smear from a pustule for potassium hydroxide (KOH) was negative for hyphae and yeast. The skin lesions disappeared 2-weeks after starting the patient on

Figure 1. Multiple Monomorphic Papules and Pustules with Erythematous Halo on the Chest



ketoconazol shampoo once daily plus oral fluconazole 100 mg cap once daily (Figure 2). On the basis of the above clinical findings, a diagnosis of *pityrosporum* folliculitis was made.

Figure 2. EMarked Improvement after 2-Weeks of Antifungal Treatment



DISCUSSION

Pityrosporum or *Malassezia* folliculitis (PF) is an infection of hair follicles caused by *Malassezia* yeasts.² PF is usually misdiagnosed as acne vulgaris. The diagnosis of PF is a clinical diagnosis.^{1,2} It is characterized by monomorphic papules and pustules with erythematous halo on acne areas that include the face, chest, back, and arms.

Dermoscopic features of PF include: folliculocentric papule and pustules with surrounding erythema, dirty white perilesional scales, coiled/looped hairs with perifollicular erythema and scaling, hypopigmentation of involved hair follicles, perilesional brownish discoloration in resolving lesions.⁶

The main differential diagnosis in our patient includes acne vulgaris especially steroid acne and stress acne, acute generalized exanthematous pustulosis (AGEP) and pustular psoriasis. In spite of negative KOH skin smear, the picture of monomorphic papules and pustules with erythematous halo in acne areas as well as the response of our patient to antifungal treatment, confirm the diagnosis of PF.

Pityrosporum yeasts are not cultured. This case report increases the awareness of medical practitioners to the diagnosis of PF that exactly look like acne.

CONSENT

The authors have received written informed consent from the patient.

CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

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