

## Treatment and Diagnosis of *Malassezia* Yeast Infection

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### DESCRIPTION

*Malassezia* yeasts, formerly known as *Pityrosporum* yeasts, are lipophilic yeasts that are found in the typical skin flora (microbiome). *Malassezia* species can be found on the skin surfaces of many animals, including humans, in their natural state. Some species can produce hypopigmentation or hyperpigmentation on the trunk and other parts of the body in humans following opportunistic infections. Morphology, ultrastructure, physiology, and molecular biology were used to revise the *Malassezia* genus. As a result, the genus has grown to encompass seven species: *M. furfur*, *M. pachydermatis*, and *M. sympodialis*, as well as four new taxa: *M. globosa*, *M. obtusa*, *M. restricta*, and *M. slooffiae*. *Malassezia* yeasts also have pathogenic potential, as they can invade the stratum corneum and interact with morphological features of the isolate combined with biochemical tests, molecular-based methods such as Polymerase Chain Reaction techniques, Matrix Assisted Laser Desorption/Ionization–Time Of Flight mass spectrometry, and the chemical imprint method Raman spectrometry. Skin diseases activated by *Malassezia* are typically cured with antifungal therapy and if there are accompanying inflammatory skin mechanisms this is frequently supplemented by anti-inflammatory therapy. Generally used antifungal medications are ketoconazole shampoo and oral fluconazole. Seborrhoeic dermatitis can also be treated with topical steroids. The main purpose of the antifungal treatment is to diminish skin colonization thereby decreasing the amount of allergen activating the type I hypersensitivity. Systemic antifungals are beneficial in severe cases or when treatment fails after topical therapy. Peoples with head and neck dermatitis may have a reaction to *Malassezia* flora

fueling their ailment. Although there are no documented modifications in *Malassezia* species colonization, individuals with head and neck atopic dermatitis are more likely to have positive the host immune system, both directly but also through chemical mediators. Varied *Malassezia*-related disorders, such as head and neck dermatitis, seborrheic dermatitis, pityriasis Versicolor, and *Malassezia* folliculitis, have different species distribution on the skin and pathogenetic potential of the yeast. A direct microscopy, culture-based procedures (typically a combination of skin prick test findings and *Malassezia*-specific IgE compared to healthy control individuals and patients with atopy without head and neck dermatitis) are among the diagnostic methods used to confirm the presence of *Malassezia* yeasts. The reaction to *Malassezia* is likely connected to both humoral- and cell-mediated immunity. Clinically, *Malassezia* allergy may be suspected in individuals with atopic dermatitis and: (1) head and neck lesions; (2) exacerbations during adolescence or young adulthood; (3) severe lesions recalcitrant to conventional therapy; and (4) other atopic ailments. Tape stripping, skin scraping, swabs, and contact plates are some of the sample procedures that have been used to establish the presence of *Malassezia* yeasts in skin disorders. Fungal infections on the skin are very prevalent. Before starting systemic antifungal treatment, it's critical to confirm the clinical diagnosis with mycological laboratory tests, especially because antifungal sensitivity and in vitro susceptibility differ between genera and species. For many years, direct fungal detection in the clinical specimen (microscopy) supplemented by culturing has been the gold standard for diagnosing superficial fungal infections. Newer molecular-based fungus detection approaches have recently been developed.

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