Malassezia Dermatitis

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BASIC INFORMATION

Description

The yeast *Malassezia pachydermatis* commonly lives on the skin of dogs but may grow excessively and cause a skin infection. Breeds that are predisposed to the condition, possibly because they have significantly more yeast on their skin, include the basset hound, West Highland white terrier, dachshund, American cocker spaniel, English springer spaniel, and German shepherd dog.

Causes

Certain conditions encourage the overgrowth of this yeast in dogs:

- Seborrhea and disorders that cause dandruff
- Hormonal diseases such as hypothyroidism and canine Cushing's disease
- Environmental allergies

Generalized *Malassezia* dermatitis in cats is usually associated with some sort of underlying (systemic) disease, such as metabolic diseases or cancer, but may also occur in cats with allergies.

Clinical Signs

Itchiness is a major and consistent sign. Face-rubbing, head-shaking, foot-licking and chewing, and scooting may occur in dogs. The affected areas may be localized (ears, around the anus, muzzle, around the eyes, feet) or generalized.

Cats may have waxy ears, chin acne, dark debris on their claws, and/or generalized dandruff. Common skin changes include redness, thickening, increased pigmentation (darkening), dandruff, and greasiness. Hair loss is common in both dogs and cats. A strong, rancid odor may be detected on the skin, particularly in dogs.

Diagnostic Tests

Material is collected from the pet's skin, ears, and/or claws with a cotton swab, special tape, or scalpel blade and then applied to a glass slide. The material is treated with a special stain that allows the yeast to be seen under the microscope. This is the easiest way to make the diagnosis. Occasionally, skin biopsies are helpful.

TREATMENT AND FOLLOW-UP

Treatment Options

Topical therapy involves the application of substances directly to the pet. Frequency of application varies depending on the severity of the condition, with applications 1-3 times weekly being common. Topical products include the following:

- Selenium sulfide 1% (*Selsun Blue*) is recommended if the skin is greasy, waxy, and scaly, but it is irritating to some animals and should not be used in cats.
- Certain shampoos kill or reduce the number of yeast on the skin, including ketoconazole (*Nizoral, KetoChlor*), 3-4% chlorhexidine shampoo, 2% chlorhexidine with 1% miconazole (*Malaseb*), and 1% miconazole (*Miconazole, Resizole*).
- Rinses composed of vinegar and water (1:5 or 1:10 dilution) are inexpensive and effective long-term treatments that help prevent relapses in some dogs (such as swimmers).
- Lime sulfur dips (2%) can be used to relieve the itching and have mild antiyeast properties. Lime sulfur can be very drying to the skin and hair coat and temporarily stains light-colored coats. It also has a fairly strong sulfur odor when applied, which remains (to a degree) once the pet is dry.

Systemic therapy involves giving antifungal medications orally, usually for 4 weeks:

- Ketoconazole is helpful in dogs but can cause nausea, vomiting, decreased appetite, and liver problems. It is avoided in cats because it causes vomiting and loss of appetite.
- Itraconazole is effective but often more expensive.
- Fluconazole can be used when concerns exist about liver toxicity. It can cause nausea, vomiting, abdominal discomfort, decreased appetite, and liver problems, however.
- Terbinafine may be considered but has the same potential side effects.

Often topical therapy helps speed the resolution of *Malassezia* dermatitis and is used in conjunction with systemic therapy. The underlying disease or allergy must also be managed to prevent or decrease recurrences.

Follow-up Care

Clinical signs can take 3-4 weeks to improve. Recheck visits and re-examination of skin samples are important to assess the amount of yeast present prior to finishing or stopping the therapy.

Prognosis

The chances of clearing the yeast infection are good, but managing the underlying causative condition requires adequate treatment as well. Some animals need long-term topical therapy a few times a month and/or intermittent systemic therapy to keep the yeast counts under control.

IF SPECIAL INSTRUCTIONS HAVE BEEN ADDED, THEY WILL APPEAR ON THE LAST PAGE OF THE PRINTOUT.