Pityriasis versicolor circinata: isolation of Malassezia sympodialis - Case report

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Abstract: The authors report a case of pityriasis versicolor circinata whose isolated etiologic agent was Malassezia sympodialis in a 34-year-old woman. The isolation and identification of Malassezia sympodialis were accomplished with modified Dixon’s agar, and the molecular method used to confirm the species was polymerase chain reaction and restriction fragment length polymorphism analysis (PCR-RFLP).

Keywords: Clinical evolution; Malassezia; Pityriasis

INTRODUCTION

Pityriasis versicolor is a disease of universal distribution. Until recently, Malassezia furfur was considered the only etiologic agent of pityriasis versicolor. Several species of Malassezia have been described since the 1990s. The genus Malassezia is part of the normal skin microbiota, especially of the hair follicle. It needs predisposing factors for multiplication and subsequent conversion into its pseudo-filamentous parasitic form.

An epidemiologic study involving the frequency and distribution of each species is not sufficient for clarification of the pathogenicity of the yeast in pityriasis versicolor.1

CASE REPORT

Female patient, 34 years old, white, has been showing pruriginous macules on her skin for 5 years. Dermatologic examination revealed hypochromic follicular lesions that evolved into erythematous, scaly lesions of circinate aspect, pruriginous, affecting her trunk and upper extremities. Lesions were positive for Zireli’s sign (Figure 1). Direct microscopic examination (potassium hydroxide 20%) revealed the presence of yeast-like cells resembling a bunch of grapes and pseudohyphae. The clinical material was cultivated in modified Dixon’s agar. The isolation of Malassezia was achieved after 15 days (Figure 2) and the identification of the species was performed through the molecular biology method PCR-RFLP (polymerase chain reaction and restriction fragment length polymorphism analysis)2 (Figure 3). The patient was treated with ketoconazole (200 mg/day for 30 days) with total regression of lesions.

DISCUSSION

Clinical manifestations of pityriasis versicolor are characterized by multiple macular lesions, perifollicular at first, with light scaling. Stretching of the affected skin may help see scaling of lesions. This procedure is known as Zireli’s sign. The clinical variants of pityriasis versicolor show variable coloration, from white to chestnut-brown. It can rarely become erythematous, which justifies the denomination of pityriasis versicolor.3

Among the clinical variants of pityriasis versicolor, the majority of cases described in the literature replicate the classical clinical symptoms of the disease, such as hypochromic macules. There are reports of less frequent clinical forms of the disease; for instance, hyperchromic macules and association...
between hypochromic and hyperchromic macules. A few authors describe follicular lesions of pityriasis versicolor in the literature. A clinical variant with intense skin depigmentation may occur in melanodermic individuals, called parasitic achromia. Pityriasis versicolor atrophicans is also described, a rare form of the disease in which lesions are depressed by the prolonged use of topical corticosteroids.

There are reports in the literature of pityriasis versicolor in the inguinocrural region, which simulate erythrasma, and one case of pityriasis versicolor mimicking pityriasis rubra pilaris. The present case report shows a clinical variant of pityriasis versicolor with hypochromic follicular lesions chronically evolving into pruriginous, erythematous, scaly lesions of circinate aspect. Malassezia sympodialis, the isolated etiologic agent, needs proper culture medium and temperature for growth and identification. After the clinical and laboratory diagnosis of pityriasis versicolor, appropriate treatment was implemented with an excellent therapeutic response. Differential diagnosis for pityriasis versicolor circinata includes tinea corporis, pityriasis rosea, erythema annulare centrifugum, and even secondary syphilis.

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REFERENCES


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