

Veterinary Specialists Inc.

Millie Rosales DVM, DACVD

***Malassezia* (Yeast) Dermatitis**

Malassezia dermatitis can be a primary problem but more commonly is a secondary problem to other skin diseases (usually allergies). It is fairly common, especially in Florida. *Malassezia* is a yeast (a type of fungus) that can be found on normal and abnormal dog skin. Under certain conditions, the yeast may proliferate and cause skin disease. *Malassezia* is not as common in cats as it is in dogs.

Factors that can favor the over production of yeast include excessive grease or sweat production, accumulation of moisture, and possibly long term administration of antibiotics and steroids. Allergies (flea, food and pollen allergy) and inflammation (due to bacterial skin infections) are thought to intensify the proliferation of yeast. “Hormonal” disorders as Cushing’s (when there is excess cortisol or steroid in the body) and hypothyroidism (low thyroid level) can also predispose to yeast overgrowth. It also appears that genetic predisposition is important, as certain breeds have increased risk for *Malassezia* dermatitis (i.e. West Highland white terrier, Basset hound, American Cocker spaniel, Shih Tzu, and Dachshund).

Malassezia dermatitis can be localized or generalized on the body. Animals can be mildly to intensely itchy. They often have a moist skin and a musty odor. The skin may have hair loss and may have a leathery thickened appearance. The skin can be reddened or grayish/black. Commonly affected areas are under the neck, axilla, groin, face (especially around the eyes and mouth), and the feet (especially between the toes and around the nailbeds causing a rusty brown discoloration).

Treatment can be accomplished with topical and/or oral antifungal agents. Topical therapy is warranted in every case of *Malassezia* dermatitis. Topical products should initially be used two to three times weekly or as directed by your veterinarian. Oral therapy can include ketoconazole, itraconazole or fluconazole. Improvement, but not cure should be noted in the first two weeks of treatment. Treatments then should be administered until clinical signs have diminished and no yeasts are seen on examination. It is not uncommon to treat *Malassezia* dermatitis cases for a minimum of 8 weeks.

A search for an underlying disease or predisposing factors should be undertaken. If an underlying disease is not found or predisposing factors are not addressed, the *Malassezia* dermatitis is likely to reoccur.