



Case Report

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Malasseziosis Infection in a Dog



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Abstract

A 5-year-old female Labrador was presented to Veterinary Dispensary with a complaint of hair fall, pruritus since one year. On clinical examination pruritus, alopecia, erythema and lichenification were observed. Faecal sample, wet film and blood smear examinations were negative. Microscopic examination of stained impression smear of affected area revealed budding yeast cells identified as *Malassezia pachydermatitis*. Terbinafine @ 30mg/kg bw per oral every 24 hrs for 2 weeks. Topical therapy with 2% ketaconazole once in 3 days was advised. The pet recovered uneventfully, and impression smear examination post treatment was found to be negative.

Keywords: Malasseziosis Infection; Dog; Ketaconazole; Terbinafine; Pachydermatitis; Oral mucosa; Vagina; Lichenification; Hyperpigmentation; Microflora; Endocrinopathy; Pyoderma; Demodicosis; Keratinization disorders

Introduction

Malasseziosis infection is a common clinical condition in dogs caused by yeast *Malassezia pachydermatitis*. These organisms are normally present in low numbers in various region of dog body such as ear canal, perioral area, perineal region and moist skin folds [1]. Though the spp is common microflora of skin, the organism becomes pathogen in certain predisposing conditions such as food allergy, pyoderma, demodicosis, keratinization disorders, endocrinopathy, metabolic diseases, atopy and prolonged treatment with steroids. Otitis externa is common complication of this condition [2].

Case History and Observation



Figure 1: Skin scraping.

A 5-year-old female Labrador was presented to Veterinary Dispensary with a complaint of hair fall, itching for one year. The owner also reported that vaccination and deworming were

regular. On clinical examination the pet had severe pruritus, alopecia and erythema on ventral abdomen, and thickening of skin. A musty odor was noticed along with lichenification. The lesions were also noticed on ventral neck, axilla and periorbital area (Figure 1). Oral and conjunctival visible mucous membranes were congested. Temperature was normal (102 °F).

Routine wet film examination and faecal examination were done to rule out microfilariosis and any intestinal parasitic infection respectively. Blood smear examination was also found to be negative. An Impression smear was obtained from areas affected. Cytology revealed round to oval budding yeast cells per high power field (Figure 2). Skin scraping examination was found to be negative, thus ruling out concurrent demodicosis.

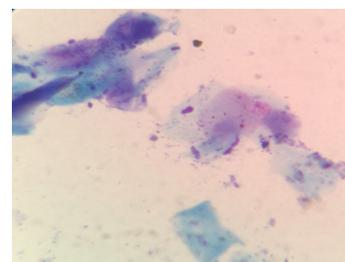


Figure 2: Cytology revealed round to oval budding yeast cells.

Treatment and Discussion

Diagnosis of Malasseziosis was made based on the clinical signs and the demonstration of the budding yeast cell. The organisms were observed as basophilic round to oval structures

on impression smear. The dog was treated with terbinafine @ 30mg/kg bw per oral every 24hrs for 2 weeks. Topical therapy with 2% ketaconazole once in 3 days was advised. The pet recovered uneventfully, and impression smear examination after 2 weeks was found to be negative for yeast cells.

Malassezia pachydermatitis is frequently isolated from the external ear canal, from the skin, particularly the anal area which could be a carriage zone, oral mucosa, vagina and eye of healthy dogs [3]. The lesions such as alopecia, lichenification, hyperpigmentation, erythema was like earlier reports [4]. The condition is always associated with a predisposing factor. The most common diseases acting as underlying causes of *Malassezia* dermatitis are allergies, pyoderma, demodicosis, keratinization disorders and endocrine disturbances. In the present study no such factor could be determined and hence there is likely chance

that animal might be immunocompromised. *Malassezia* spp are sensitive to antifungal drugs such as terbinafine, ketoconazole and itraconazole [1]. Terbinafine @ 30mg/kg bw per oral every 24hrs was given along with topical therapy in this present case.

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