BEAUTY

Fungal Acne Is Not Actually Acne

Those itchy, lookalike bumps may involve yeast rather than acne, and the distinction matters before you reach for another treatment.

The name sends you sideways

You have a crop of bumps across your chest or back. They look enough like pimples that you treat them as pimples. Then they itch, linger or ignore what you put on them. Online, somebody gives the problem a compelling name: "fungal acne."

The phrase sounds precise, but it joins two different ideas. Acne develops when hair follicles become plugged with oil and dead skin cells. Bacteria can grow in those blocked follicles, contributing to inflammation and the lesions you recognise as whiteheads, blackheads, papules, pustules or deeper nodules.

What people commonly mean by fungal acne is Malassezia folliculitis. A 2021 critical review described it as inflammation involving hair follicles and associated with Malassezia, a yeast that normally lives on skin but can behave as an opportunistic pathogen. It is folliculitis, not a type of acne.

That correction is more than medical fussiness. Similar-looking bumps can arise through different processes, so appearance alone does not tell you what is happening inside the follicle. Calling every breakout acne can lead you to keep treating the wrong problem while delaying a proper assessment.

The clues are suggestive, not conclusive

Malassezia folliculitis has a recognisable pattern. The 2021 review described an itchy eruption of bumps and pus-filled bumps centred on hair follicles, usually across the upper trunk. It commonly affects young to middle-aged adults and people whose immune systems are suppressed.

Acne can also occur on the chest, back and shoulders, as well as the face. Its lesions are more varied: plugged follicles may remain closed as whiteheads or open at the surface as blackheads, while inflamed lesions may be small and tender, pus-filled or deep and painful. Blackheads are dark because air discolours the oil, not because the skin is dirty.

The overlap is the trap. Both conditions involve follicles, and both can produce inflamed bumps

on the trunk. Itch and a follicular crop on the upper body may point toward Malassezia folliculitis, but they do not confirm it. The review found that medical history, other health conditions and the appearance of the eruption can be indicative, not definitive.

Painful, boil-like lumps in the armpits or groin raise a different possibility again. Hidradenitis suppurativa is a chronic condition that can cause recurrent lumps, draining abscesses, scarring and tunnels beneath the skin where skin rubs together. It may resemble pimples early on, which is another reason not to diagnose every bump by nickname.

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Why guessing gets difficult

The conditions respond to different targets. Acne medicines may address plugged cells, excess oil, bacteria or inflammation. Options used for acne include benzoyl peroxide, retinoids, salicylic acid, sulfur, antibiotics and, in some circumstances, oral medicines. Topical products can also cause irritation, burning or redness.

The Malassezia review found that treatment should include topical or systemic measures to control inflammation and prevent recurrence. But its evidence base was limited: researchers assessed 28 full-length studies for eligibility and included 21 in their evaluation of therapies. The abstract does not provide enough detail to support a do-it-yourself product, ingredient or schedule.

That leaves an awkward but important answer. You cannot reliably settle this by purchasing the product most confidently promoted for "fungal acne." The sources support professional confirmation and clinician-directed treatment; they do not support a universal home remedy, a dose or a timetable.

The surrounding conditions may still offer context. The review identified immune suppression as an intrinsic factor and high temperature, humidity and clothing as external influences on the follicle and skin environment. High humidity and pressure from tight clothes can also aggravate acne, so even these details do not cleanly separate one condition from the other.

A microscope can change the story

A clinician assessing acne may ask how long the problem has been present, what medicines you take or recently stopped, your family history and, where relevant, menstrual cycles. They may examine the skin to identify the lesion type or order laboratory work when another

condition might be responsible.

Suspected Malassezia folliculitis requires more targeted investigation. According to the 2021 review, material can be collected using tape stripping or a comedo extractor and examined under a microscope. That examination usually identifies budding Malassezia yeast cells. A biopsy can confirm that the finding is anatomically associated with the hair follicle.

Sampling matters. The review noted that appropriate specimens and serial sections of biopsy material are important for making the diagnosis correctly. It also found that Malassezia folliculitis is regularly overlooked when clinicians consider possible causes of folliculitis, and that the necessary diagnostic procedures are not always performed.

This becomes a medical question when the eruption persists, when you are unsure what it is, or when it is painful, deep, draining or leaving scars. Recurrent boil-like lumps in rubbing areas also deserve assessment. A primary care clinician or dermatologist can examine the pattern and decide whether testing is needed.

Give your skin a quieter week

While you arrange that assessment, resist the urge to scrub the answer out of your skin. Acne is not caused by dirt, and scrubbing too hard can make it worse. Gentle care will not identify Malassezia folliculitis, but it avoids adding friction and irritation to an already confusing eruption.

For the next week, wash the affected skin gently with a mild cleanser and lukewarm water. Skip rough scrub pads, strong soaps and astringents. Do not squeeze or pick the bumps; with acne, that can contribute to scars or dark marks. If the area is exposed outdoors, use sunscreen and avoid sunburn.

Notice the details you can report: whether the bumps itch or hurt, where they appear, how long they have been present and whether they return. Write down the medicines you currently take or recently stopped, because that is part of an acne assessment. Mention immune suppression if it applies to you.

This step takes a mild cleanser, sunscreen and a short written note for your appointment. The cleanser is not a cure, and the note is not a diagnosis. Together, they let you stop escalating random treatments and arrive with the information a clinician needs to decide whether those bumps are acne, Malassezia folliculitis or something else.

Where this comes from

- Acne

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/acne.html
- Hidradenitis Suppurativa

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/hidradenitissuppurativa.html
- Acne

  National Institute of Arthritis and Musculoskeletal and Skin Diseases · https://www.niams.nih.gov/health-topics/acne
- Acne: Diagnosis, Treatment, and Steps to Take

  National Institute of Arthritis and Musculoskeletal and Skin Diseases · https://www.niams.nih.gov/health-topics/acne/diagnosis-treatment-and-steps-to-take
- Critical synthesis of available data in Malassezia folliculitis and a systematic review of treatments.

  Journal of the European Academy of Dermatology and Venereology : JEADV, 2021 · https://pubmed.ncbi.nlm.nih.gov/32012377/