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Twins With Endogenous Tinea Versicolor

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Identical Twins with Endogenous Tinea Versicolor

This case report was inspired by recent medical data consistent with the obser-vation that Tinea Versicolor caused by Malassezia Furfur species may be en-dogenous produced by human body.

This case report involves a pair of identical twins –ages 71- who have had recur-rent Tinea Versicolor infections for over six decades.

The author of this article twin A, a physician and his brother twin B have in summer months had skin lesions - on chest and upper extremities of round ap-proximately 1 inch wide - diagnosed as tinea versicolor by many doctors in diverse medical settings in different countries since their adolescence. The infec-tions have been successfully treated by antifungal medications.

Both twins were born in Istanbul Turkey. Twin A who lives in Houston Texas had lived in Los Angeles California and Dahran Saudi Arabia. Twin B who lives in Athens and spent the majority of his adult life in Washington DC. Neither twin reported any association between location and tinea versicolor infections yet they both observed that almost always infections emerged in warmer climates.

Both twin A and twin B have been diagnosed with hypertension and hypercho-lesterolemia well controlled by amlodipine 10 mg and atorvastatin 20 mg respectively.

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Observations Consistent with Endogenous Origin of Malassezia Yeasts

A. Malasezia Furfur are not not contagious (1).
B. Human genetics. -independent of immune competence - govern Malassezia furfur infections (1).
C. Inoculation of Malassezia yeasts into human skin without occlusion does not cause infection (2).
D. Infants skin is colonized by malassezia furfur in the first month (3) although amniotic fluid does not harbor malassezia furfur (4), neonate' skin at birth contains no Malassezia Furfur (5) and Malassezia furfur are not contagious (1).
E. Sera of people with malassezia infection and healthy people with skin colonized by malassezia do not show any difference in antigen titers of malassezia (6).
F. Malassezia furfur and humans have coevolved (6).

Although the precise mechanism and pathways of endogenous production of Malassezia furfur yeasts is unknown yet the certainty of their endogenous origin seems to very high. This is because six independent bidirectional influences are associated with endogenous Malassezia furfur infections. This observation Is further reinforced by recent molecular discoveries which suggest amniotic fluid (7), placenta (8), breast tissue and milk which had previously thought to have been sterile are not sterile and breast tissue and milk bacteria are not contaminants (9).

In summary this case report of identical twins with Malassezia Furfur infections provides clinical evidence in support of the endogenous origin of Tinea Versicolor infections. This novel observation raises the possibility that some infections currently attributed to foreign microorganisms may indeed be endogenous and result from humans. Of importance it may be prudent to investigate whether burn wound and opportunistic infections that are attributed to foreign invading microbes are endogenous infections.

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