Seborrheic Dermatitis

Whether your skin needs medical, surgical or cosmetic treatment, trust the expert care of a board-certified dermatologist.
Seborrheic dermatitis is a common skin disease that causes a red, scaly, itchy rash. Most often it occurs on the scalp, sides of the nose, eyebrows, ears, eyelids, and middle of the chest. Other sites may be involved, such as the navel, buttocks, underarms, breasts, and groin. This skin problem is easily treated, but chronic and recurring.

Sometimes people use the terms dandruff, seborrhea, and seborrheic dermatitis to mean the same thing. For instance, in teens and adults, seborrheic dermatitis often goes by the name dandruff. However, these 3 terms differ. Dandruff causes scaling on the scalp but not redness. With seborrhea, the skin is oily, mainly on the scalp and face, but has no redness or scaling. People with seborrhea may later get seborrheic dermatitis, which causes both redness and scaling.

WHO GETS SEBORRHEIC DERMATITIS

Seborrheic dermatitis affects people of all ages. It occurs most often, though, in infants and older adults.

In most infants, the condition appears on the scalp ("cradle cap"). This most often clears without treatment between 8 and 12 months of age. It is not contagious. In some infants, seborrheic dermatitis occurs just in the diaper area. People may confuse it with other forms of diaper rash.

When seborrheic dermatitis appears after infancy, it tends to come and go and can be lifelong. In teens and adults, it often first occurs as scalp scaling (dandruff). Elderly adults are prone to getting seborrheic dermatitis. This is mainly because of the effects of aging on the skin.

Seborrheic dermatitis also is more common in:
- People who have a family member with seborrheic dermatitis
- Men than in women
- People who have oily skin or hair
- People with acne or psoriasis (another skin problem that can cause skin scaling)
- People with Parkinson's disease or with HIV/AIDS
- People with alcoholism
- People who have eating disorders (anorexia nervosa or bulimia)
- Northern climates, where winter can worsen seborrheic dermatitis

Stress also can increase the risk for seborrheic dermatitis or make it worse.

CAUSES

Doctors think that the presence of a yeast-like organism and an excess release of oil from the skin contribute to seborrheic dermatitis. How sensitive a person's immune system is also plays a part. The excess oil from the skin makes a food source for the yeast to grow. Then the yeast causes inflammation (redness and swelling), irritation, scaling, and flaking.

DIAGNOSIS

For most patients, there is no need to do blood, urine, or allergy tests. Most often a dermatologist can detect seborrheic dermatitis by the way it looks and where it is on the body. Rarely, people with chronic (long-lasting) seborrheic dermatitis that does not respond to treatment may need laboratory tests to rule out another skin disease. This may include a skin
biopsy, in which the dermatologist takes a small piece of the affected skin, for study under a microscope.

**TREATMENT**

There is no way to prevent or cure seborrheic dermatitis. However, treatment with non-prescription products and/or prescription medicines can control it. Seborrheic dermatitis may get better on its own. With daily treatment, the condition often improves quickly.

Gentle shampooing with a mild shampoo helps infants with cradle cap. The parent also may apply a cream or lotion containing a low-dose corticosteroid or an anti-fungal medicine to the child's affected skin.

Adults often need to use a medicated shampoo and/or a stronger corticosteroid cream that a dermatologist can prescribe. However, excess use of these strong medicines can cause side effects. Therefore, patients should follow their dermatologist's advice on the proper use of these medicines. Even with the use of corticosteroids, seborrheic dermatitis recur. For these reasons, your dermatologist may prescribe anti-fungal medicine instead of, or combined with, corticosteroids and re-evaluate the condition periodically for a maintenance regime.

Recently a non-steroidal, non-antifungal barrier cream became available for the treatment of seborrheic dermatitis. A dermatologist can tell you which medicine is best for treating your seborrheic dermatitis.

A dermatologist is a medical doctor who specializes in treating the medical, surgical and cosmetic conditions of the skin, hair and nails. To learn more about seborrheic dermatitis or to find a dermatologist in your area, visit www.aad.org or call toll-free (888) 462-DERM (3376).

Seborrheic Dermatitis in a 51-year old woman who had developed Parkinson's Disease one year before clinical manifestation of the dermatitis