

Seborrheic Dermatitis

Seborrheic dermatitis is a common red, scaly, itchy rash that occurs most often on the scalp in adults, teenagers and infants (cradle cap). It occurs in areas with the highest concentration of sebaceous (oil) glands. Dandruff is flaking of the scalp without redness. Seborrheic dermatitis may also occur in the eyebrows, eyelids, ears, around the nose, neck and upper trunk.

The cause of seborrheic dermatitis is not known, although some investigators have suggested than an overgrowth of yeast may be to blame. It is not related to diet and is not contagious. Stress and illness may worsen seborrheic dermatitis but do not cause it. It may get worse or better without any apparent reason.

There is no cure for seborrheic dermatitis. However, we can usually keep this problem under control, but this may require continued use of medications.

- Shampoos: The scalp is treated with a variety of over the counter medicated shampoos (which can be rotated). Ingredients to look for include tar, salicylic acid, zinc, glycolic acid and selenium sulfide and sulfur (Head & Shoulders, Nizoral, Ionil, Neutrogena T Sal/T Gel, DHS and Polytar shampoos). It is preferable that you shampoo every day. Discontinue any product that results in excessive itching or burning.
- **Topical Steroids:** In addition, steroid solutions may be applied directly to the scalp (10 drops or so massaged into the scalp each night or morning) after shampooing to help decrease redness and itching. There is a new steroid foam as well that is an option. For the face, a milder steroid and/or an anti-yeast cream may be used.
- **To remove very thick scale:** Try Baker's P&S solution which is left on overnight every other night until the scale has lessened. There are prescription products that can help eliminate thick scale as well.
- **Antihistamines:** These oral medications may be prescribed if itching is bothersome.

Once seborrheic dermatitis is under control, the medications should be tapered off and only used as often as needed to keep the condition under control (once a day to once a week, depending on the severity). This condition will often flare during the winter months.

If these measures fail to control the problem after several weeks of consistent use, please return for further evaluation.

Forms Issued: 3/00 Clinical Revised: 8/4/11