Seborrheic Dermatitis
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Skin disorders are common in individuals with Down syndrome. Seborrheic dermatitis is one of the more common skin problems. It is a chronic, relapsing form of dermatitis (inflammation of the skin) characterized by red, flaky, scaly, and greasy skin. This condition usually affects the areas of the body that have many oil-producing glands, such as the scalp, face, and the upper chest.

What Causes It?
The cause is not completely understood. Studies suggest that an inflammatory reaction to yeast naturally present on the skin may play a role and that sweat glands create an ideal environment for growth of this yeast. Symptoms may be intermittent or constant and vary from individual to individual. For some, it may worsen during particular seasons, such as winter. Flares can also occur during periods of stress, hormonal changes, or illness.

Common Symptoms

Infants
In infants, seborrheic dermatitis is known as “cradle cap.” Skin lesions have a red, greasy, or scaly appearance. It commonly occurs on the scalp but can also appear on the face, ears, neck, skin folds, and in the diaper area. It generally does not cause itching or irritation for the infant, unlike for adults.

Adults
Symptoms include:
- Well-defined, red, raised skin lesions
- Yellowish scales that look oily or greasy
- White scales or flakes on the head or hair
- Mild itching
- Crusty, yellow material on the eyelashes
- Eyelid redness

On the scalp, the mildest and most common form is called dandruff, which is characterized by fine, white, diffuse scales without underlying redness. It may be accompanied by mild itching. More severe forms present with noticeable discrete areas of red, inflamed skin covered with yellowish, greasy scales.
On the face, seborrheic dermatitis most commonly affects the forehead below the hairline, the eyebrows, and the crease between the nose and cheeks. It can also affect the eyelid margins causing yellow crusting between the eyelashes. On the body, it can affect the central chest, upper back, armpits, groin, and between skin folds.

**Treatment**

*Infants*

Cradle cap usually resolves without treatment within several weeks to a few months. At times, it requires treatment. One of the home therapies is using baby shampoo frequently and gently removing scaly skin with a soft brush. Applying a small amount of an emollient such as baby oil, mineral oil, or petroleum jelly to an infant’s scalp helps loosen the scaly patches. Then rinse with gentle baby shampoo. If the condition does not seem to get better, contact your healthcare provider.

*Adults*

Seborrheic dermatitis is a chronic skin condition that requires repeated or long-term therapy to maintain clearer skin and to control redness and itchiness. It is not curable, but it is generally manageable. Many different types of over-the-counter and prescription topical treatments are available.

For dandruff or scalp lesions, over-the-counter anti-dandruff shampoo, such as Selsun blue, Head and Shoulders, and Nizoral (ketoconazole) 1%, can be used. Many people see results after four weeks of use. Initially, you can shampoo every day (twice a week for Nizoral) and then gradually increase the interval between shampoos to every few days as symptoms improve. It is recommended that the shampoo be left on the head for 5-10 minutes and then thoroughly rinsed for optimal results.

The initial treatment for the face and body is applying low potency topical corticosteroids, such as hydrocortisone 1% cream or topical antifungal cream, once or twice a day. If symptoms do not improve, or for moderate to severe lesions, consult a healthcare provider who may give a prescription for more potent topical corticosteroids, antifungal cream, or other anti-inflammatory agents (which may include oral medications).
Psoriasis
Psoriasis is another common skin condition seen in people with DS. Seborrheic dermatitis can be confused with psoriasis because the lesions may appear similar. Psoriatic plaques are red with sharply defined margins that are raised above the surrounding normal skin. The plaques commonly have thick, silvery white scales, more so than in seborrheic dermatitis. Psoriasis commonly affects the scalp, elbows, and knees. Other indicators of psoriasis include positive family history, nail changes, and the presence of joint pain. Sometimes, the two diseases may coexist and the term “sebopsoriasis” has been given to those cases.

General Tips for Dry Skin
- Wash skin with mild, gentle soap such as Dove, Lever 2000, or Dial with moisturizer.
- Decrease the length and temperature of showers, especially in winter.
- Dry skin thoroughly; pat dry to limit irritation. Fungus and bacteria thrive in warm, moist areas of the body.
- Liberally apply moisturizing cream (e.g. Eucerin or Jergens) to affected areas. It is best to apply it right after showering when the skin is still moist.
- Maintain short fingernails if itchiness is a problem.
- Cover the area, especially in winter when the air is colder and drier.

References


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