



## INTRODUCTION & PATHOGENESIS

- ❖ **Seborrheic** (seb-o-REE-ik) **dermatitis** is an inflammatory skin reaction that typically causes **mild, self-limited** dermatitis

The pathogenesis is a result of inflammation at the sebaceous glands and is thought to be multifactorial including:

- Reaction to *Malassezia spp.*, a yeast that lives on skin surfaces
- Sebum production and hormonal influences
- Environmental (eg. cold or dry weather, exposure to irritants)

## DIAGNOSIS

### Clinical Diagnosis

- Size** – Variable (rash)
  - Color** - erythematous, white and yellow scale
  - Arrangement** – see ‘Clinical Presentation’
  - Lesion Morphology** - dermatitis
  - Distribution** – scalp and skin folds
  - May overlap with atopic dermatitis** leading to head and neck dermatitis.
- Treatment principles are similar.



### DIFFERENTIAL DIAGNOSIS

- **Atopic Dermatitis**
- **Psoriasis**
- **Contact dermatitis**
- **Langerhans cell histiocytosis**

## CLINICAL PRESENTATION

### Primarily occurs in a **bimodal distribution**:

- **Infantile** (2 weeks -12 months)
  - Occurs **in 70% of infants <3 months**
  - Usually, self-limiting
- **Adolescence**
  - Consider screening for immunodeficiency if presenting in adolescence
  - **May proceed into adulthood**

### Appearance

- **Scaly, greasy and patchy** dermatitis
- Erythematous skin with white and yellow flakes
- Inflammation/occasional swelling
- Skin flakes (dandruff) may persist in adulthood
- **Skin of colour may present hypopigmented**

### Distribution Pattern

- Often presents on the **scalp** in a cap distribution (aka “Cradle Cap”)
- Can present in other areas such as face, trunk, buttocks, ears, groin and axilla

### Symptoms

- Child usually presents unbothered
- May be pruritic/symptomatic if more severe



## MANAGEMENT

1. Can be left **untreated** if child is unbothered (infantile) – often self resolves
2. Home treatment: use of **fragrance-free gentle soap wash and moisturizer**, (+/- over the counter dandruff or ketoconazole shampoo). Using Olive oil/ oil can cause proliferation of yeast and worsen the condition
3. Topical **antifungals** (e.g., ketoconazole), low dose topical **corticosteroids** - if resistant/severe, consider dermatologist referral

**Goals:**  
reduce itch,  
remove scales,  
decrease  
inflammation

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