

[Our recommended natural treatments are at the end of the page \(click here to go there\)](#)

Seborrhoeic dermatitis (American spelling is 'seborrheic') is a common, chronic or relapsing form of eczema/dermatitis that mainly affects the sebaceous, gland-rich regions of the scalp, face, and trunk .

There are infantile and adult forms of **seborrheic dermatitis**. It is sometimes associated with psoriasis. **Seborrhoeic dermatitis** is also known as **seborrhoeic eczema**.

Dandruff (also called 'pityriasis capitis') is an uninfamed form of **seborrhoeic dermatitis**. Dandruff presents as bran-like scaly patches scattered within hair-bearing areas of the scalp.

What causes seborrhoeic dermatitis?

The cause of seborrhoeic dermatitis is not completely understood. It is associated with proliferation of various species of the skin commensal *Malassezia*, in its yeast (non-pathogenic) form. Its metabolites (such as the fatty acids oleic acid, malssezin, and indole-3-carbaldehyde) may cause an **inflammatory** reaction. Differences in skin barrier lipid content and function may account for individual presentations.

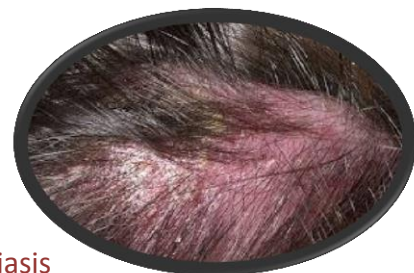
Who gets seborrhoeic dermatitis?

Infantile seborrhoeic dermatitis affects babies under the age of 3 months and usually resolves by 6–12 months of age.

Adult **seborrhoeic dermatitis** tends to begin in late adolescence. **Prevalence** is greatest in young adults and in the elderly. It is more common in males than in females.

The following factors are sometimes associated with severe adult seborrhoeic dermatitis:

- Oily skin
- Familial tendency to **seborrhoeic dermatitis** or a family history of **psoriasis**
- Immunosuppression: organ transplant recipient, human immunodeficiency virus (**HIV**) **infection** and patients with lymphoma
- **Neurological** and psychiatric diseases: Parkinson disease, tardive dyskinesia, depression, epilepsy, facial nerve palsy, spinal cord injury and congenital disorders such as **Down syndrome**
- Treatment for psoriasis with **psoralen and ultraviolet A (PUVA) therapy**
- Lack of sleep, and stressful events.



What are the clinical features of seborrhoeic dermatitis?

Adult seborrhoeic dermatitis

Seborrhoeic dermatitis affects scalp, face (creases around the nose, behind ears, within eyebrows) and upper trunk.

Typical features include:

- Winter flares, improving in summer following sun exposure
- Minimal itch most of the time
- Combination oily and dry mid-facial skin
- Ill-defined localised scaly patches or diffuse scale in the scalp
- **Blepharitis**: scaly red eyelid margins
- Salmon-pink, thin, scaly, and ill-defined plaques in skin folds on both sides of the face
- Petal or ring-shaped flaky patches on hair-line and on anterior chest
- Rash in armpits, under the breasts, in the groin folds and genital creases
- Superficial folliculitis (inflamed hair follicles) on cheeks and upper trunk



What is the treatment of seborrhoeic dermatitis?

Treatment of seborrhoeic dermatitis often involves several of the following options.

- Keratolytics can be used to remove scale when necessary, eg salicylic acid, lactic acid, urea, propylene glycol
- Topical antifungal agents are applied to reduce malassezia eg ketoconazole, or ciclopirox shampoo or and/or cream. Note, some strains of malassezia are resistant toazole antifungals. Try zinc pyrithione or selenium sulphide
- Mild topical corticosteroids are prescribed for 1–3 weeks to reduce the inflammation of an acute flare
- Topical calcineurin inhibitors (pimecrolimus cream, tacrolimus ointment) are indicated if topical corticosteroids are often needed, as they have fewer adverse effects on facial skin.



Scalp treatment

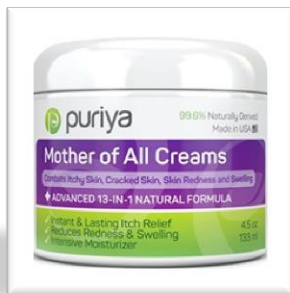
- Medicated shampoos containing ketoconazole, ciclopirox, selenium sulfide, zinc pyrithione, coal tar, and salicylic acid, used twice weekly for at least a month and if necessary, indefinitely.
- Steroid scalp applications reduce itching, and should be applied daily for a few days every so often.
- Calcineurin inhibitors such as tacrolimus can be used as steroid alternatives.
- Coal tar cream can be applied to scaling areas and removed several hours later by shampooing.
- Combination therapy is often advisable.



Face, ears, chest and back

- Cleanse the affected skin thoroughly once or twice each day using a non-soap cleanser.
- Apply ketoconazole or ciclopirox cream once daily for 2 to 4 weeks, repeated as necessary.
- Hydrocortisone cream can also be used, applied up to twice daily for 1 or 2 weeks. Occasionally a more potent topical steroid may be prescribed.
- Topical calcineurin inhibitors such as pimecrolimus cream or tacrolimus ointment may be used instead of topical steroids.
- A variety of herbal remedies are commonly used, but their efficacy is uncertain.

Three Natural recommended treatments



Puriya

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