

What is seborrheic dermatitis?

Seborrheic (seb-o-REE-ik) dermatitis is a common skin rash. It develops in skin areas that have oil glands. It commonly affects the face and scalp. It also affects other body parts. When it affects the scalp in babies it is called cradle cap. On the scalp of kids or older people it is called dandruff. It is most common in infants, teens, and adults.

WHAT CAUSES SEBORRHEIC DERMATITIS?

We don't know exactly what causes seborrheic dermatitis. It can appear with hormone changes. It can also happen when normal skin yeast called *Malassezia* grows too much. Seborrheic dermatitis is not an infection. It is not contagious. Stress, cold weather, and sickness can worsen the rash, but they do not cause it. Seborrheic dermatitis may run in families. It is not known to be related to diet.

SHOULD A DOCTOR TREAT MY SEBORRHEIC DERMATITIS?

You may be able to control your seborrheic dermatitis at home just with over-the-counter shampoos and creams. See your doctor if you are not getting better or if you are not sure about the diagnosis. Although there is no cure for seborrheic dermatitis, it usually gets better with treatment and time.

SEBORRHEIC DERMATITIS FACTS

- » Seborrheic dermatitis looks like skin flaking. You might also see skin color changes.
- » Depending on a person's skin color, the rash may look pink, darker, or lighter in color.
- » Skin flakes may look dry, dusty, or greasy. The flakes may be white, yellow, or brown.
- » On the scalp, sometimes the flaky skin can be very thick and difficult to clear up.
- » On the face, the rash can be in the eyebrows, nose creases, cheeks, and behind and inside the ears.
- » It can also be on the chest, upper back, armpits, and groin.
- » The rash can be very itchy or not itchy at all.
- » In infants, it often goes away within the first year of life. In teens and adults, it may come and go for years.

HOW CAN I TREAT MY DANDRUFF (SCALP SEBORRHEIC DERMATITIS)?

Over-the-counter medicated shampoos treat dandruff. They also help get rid of skin flakes and product build-up that makes dandruff worse. How often you use the shampoo will depend on your hair type, hair length, and how severe the rash/itch is. For example, someone who has naturally oily hair might need to use the special shampoo daily. People with long, curly, coily, or braided hair will use the medicated shampoo less often.

Medicated dandruff shampoos should be used directly on the scalp skin. These are not hair shampoos. They can dry your hair out too much.

In the shower, before you use your regular hair care:

- Apply dandruff shampoo to your hands.
- Use your fingertips to spread the shampoo on your scalp skin.
- Massage the dandruff shampoo into your scalp.
- Work it into your scalp skin for **3-5 minutes**. (Sing a song!)
- When the treatment is done, rinse the shampoo out well.
- Then *only* as needed, you can continue with your regular hair care routine.

Try to apply hair products only to the hair itself, not to the scalp skin. Hair chemicals, extensions and hot irons can make dandruff worse. Try to take a break from using these during a dandruff flare so the skin can heal.

MEDICATED DANDRUFF SHAMPOOS

Pick 2-3 different shampoos and use them on different days. You can even use these on the face/other parts of the body if needed. Avoid these products in infants and small children as they are not tear-free. Some examples of dandruff shampoos are:

- » **Selenium sulfide shampoo.** This helps control yeast and helps shed skin flakes.
- » **Zinc or zinc pyrithione shampoo.** Calms skin inflammation. Also helps control yeast and bacteria.
- » **Ketoconazole 1% shampoo.** Works against yeast. May be drying if applied directly to the hair.
- » **Salicylic acid 3% shampoo.** Gently loosens skin flakes and dries up oils.
- » **Tar or sulfur shampoos.** Calms inflammation. May leave a smell after it is rinsed off.

OTHER MEDICATIONS

Sometimes a medicated cream or lotion might also be needed. This will help calm down the skin inflammation. Examples include over the counter cortisone cream or creams to control yeast like clotrimazole or miconazole. Some people will need a prescription strength cream or lotion to treat the scalp.

SEBORRHEIC DERMATITIS IN DOWN SYNDROME

Seborrheic dermatitis is very common in people with Down syndrome (DS). It is often seen in teens but babies, young kids, and adults with DS can also get it. It can show up as dandruff or rash on the face, armpits, belly button, or groin area. Treatments are usually the same for everyone. To manage seborrheic dermatitis well, the treatment routine may need to be adjusted to fit each person's needs and challenges.

HOW CAN I TREAT MY BABY'S CRADLE CAP (INFANT SCALP SEBORRHEIC DERMATITIS)?

Cradle cap often improves with time. To help improve it faster, you can massage a small amount of oil into the scalp prior to bathing the baby. Plain mineral oil, pure jojoba oil, or food-grade coconut oil are safe for babies. Do not use baby oil or olive oil. The oil massage will help to loosen skin scale. Then brush or comb it gently and wash out the oil during the bath. This can be done slowly over days or weeks. It should not cause skin redness, bleeding, or sores. Regular dandruff shampoos are not recommended for babies and infants. If not improving, your doctor may recommend using a cortisone cream or cream to control yeast.

WHAT SHOULD BE EXPECTED AFTER TREATMENT?

Seborrheic dermatitis should improve a few days to weeks after starting treatment. The rash may leave behind light or dark spots as it heals. This skin color change is temporary. The color should start going back to normal about 1-3 months after the rash is under control.

Once seborrheic dermatitis is treated, the medicated shampoos and/or creams might not be needed as often. Some people may be able to stop all treatments. Other people might need to keep using the products to keep the skin clear. Some medications like cortisones are not safe to use long-term. If the seborrheic dermatitis is not getting better or you need medicines almost every day, please follow up with your doctor.



The Society for Pediatric Dermatology
8365 Keystone Crossing, Suite 107
Indianapolis, IN 46240
(317) 202-0224
www.pedsderm.net

The Society for Pediatric Dermatology and Wiley Publishing cannot be held responsible for any errors or for any consequences arising from the use of the information contained in this handout. Handout originally published in *Pediatric Dermatology*: Vol. 39, No. 3 (2022).

© 2022 The Society for Pediatric Dermatology

Contributing SPD Member:
Vivian Lombillo, MD

Committee Reviewers:
Irene Lara-Corrales, MD
Christine Lauren, MD

EDI Content Reviewers:
Sonia Kamath, MD
Brandi Kenner-Bell, MD
Erica Linnell, MD
Jillian Rork, MD
Crystal Yvo Pourciau, MD

Expert Reviewer:
Elizabeth Nieman, MD