

Seborrheic Dermatitis is a common skin disorder of uncertain cause. It causes flaking of the skin, usually the scalp. It is commonly referred to as “dandruff” in adolescents and adults. Seborrheic dermatitis may be related to hormones. A fungus called *malassezia* may be a contributing factor. It is an annoying problem but it is not dangerous to your health.

It is manifested by a chronic, scaling, usually itching inflammation of the skin. There usually are flakes (dry or oily) on a pink or normal colored skin base. It occurs most commonly where there are a lot of oil glands. It is not contagious.

The primary areas of involvement are the scalp (“dandruff”), hairline, behind the ears, in or around the external ear canal, eyebrows or skin between them, folds of skin around the nose, and the skin on the front of the chest. It may also occur where skin meets skin, as under the arms, under the breasts, on the skin between the buttocks, and in the groin.

The course is usually chronic with periods of getting worse and better.

Treatment

Seborrheic dermatitis treatment is needed almost indefinitely as one is usually able to control the problem but not cure it forever. The treatment depends on the location as well as the severity.

Topical therapy is usually satisfactory. If the scalp is involved (“dandruff”), your Clinician will probably have you use a shampoo (e.g. Selsun, Nizoral, Head and Shoulders, etc.) daily or every other day. Follow the instructions on how to use the shampoo carefully.

If other areas are involved, a corticosteroid cream will probably be used. Your Clinician will decide on the type and strength depending on the location and severity of the problem. Occasionally, antifungal medicine is used also.

Remember, seborrheic dermatitis is chronic and recurrent so the type and intensity of therapy will vary over time.