

An Overview of Seborrhoeic Dermatitis

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Description

Seborrhoeic dermatitis, commonly referred to as seborrhoea, is a chronic skin condition. Skin that is red, scaly, oily, itching, and irritated is a symptom. Oil-producing gland-rich areas of the skin, such as the scalp, face, and chest, are frequently impacted. It might lead to social and self-esteem issues. Cradle cap is a condition that affects babies' scalps primarily. Dandruff is a lesser form of dandruff that does not cause inflammation. The cause is unknown; however it is thought to be a combination of hereditary and environmental factors. Poor immunological function, Parkinson's disease, and alcoholic pancreatitis are all risk factors. When you're stressed or its cold outside, your condition can get worse. The *Malassezia* yeast is thought to be involved. Antifungal cream and anti-inflammatory medications are the most common treatments. Ketoconazole or ciclopirox, in particular, are effective. Other antifungals, such as miconazole, haven't been thoroughly investigated, so it's unknown whether they're equally effective. Salicylic acid, coal tar, benzoyl peroxide, and phototherapy are among more choices. The illness is most common in infants in their first three months of life, as well as people aged 30 to 70. Adults are afflicted in a range of 1% to 10% of the population.

Signs and symptoms

The initial signs of seborrhoeic dermatitis are usually flaky skin and a rash on the scalp. The skin of the scalp, behind the ears, on the face, and in locations where the skin folds are the most prevalent sites for symptoms. Flakes might be yellow, white, or greyish in appearance. Skin around the eyelashes, on the forehead, along the sides of the nose, on the chest, and on the upper back

may also be red and flaky. Scaly pimples that range in colour from yellow to reddish develop along the hairline, behind the ears, in the ear canal, on the eyebrows, on the bridge of the nose, around the nose, on the chest, and on the upper back in more severe cases. Mild redness, scaly skin lesions, and, in rare cases, hair loss are common symptoms. Patchy scaling or thick crusts on the scalp, red, greasy skin covered in flaky white or yellow scales, itching, soreness, and yellow or white scales attached to the hair shaft are some of the other symptoms. Seborrhoeic dermatitis develops a thick, greasy, yellowish crust around the hairline and on the scalp in newborns younger than three months. Itching is not a common occurrence in newborns. The scalp rash is frequently accompanied by a persistent diaper rash.

Causes

The exact aetiology of seborrhoeic dermatitis has yet to be determined. The disorder is hypothesised to be caused by a local inflammatory response to *Malassezia* fungal species over-colonization in sebum-producing skin regions such as the scalp, face, chest, back, underarms, and groin. This is due to the fact that summer *Malassezia* growth in the skin does not cause seborrhoeic dermatitis. Antifungals aren't the only drugs that can help with seborrhoeic dermatitis. Anti-inflammatory meds, which reduce inflammation, and antiandrogens, which reduce sebum production, can also help. Eunuchs do not acquire seborrhoeic dermatitis due to their low testosterone levels and small sebaceous glands.

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