Infantile Seborrheic Dermatitis

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Infantile seborrheic dermatitis is characterized by thick, white, off white or yellowish coloured greasy scales with an erythematous base1. The most common body parts involved are face, scalp, neck, axillae, and inguinal area (diaper area). The lesions in infants are not pruritic, as they are in children and adults2. The extensive involvement of the scalp gives appearance of typical cradle cap. The infantile seborrheic dermatitis has been thought as a result of proliferation of fungus of Malassezia species (e.g., Malassezia furfur, Malassezia ovalis) and Pityrosporum ovale4. Extensive and generalized infantile seborrheic dermatitis is very uncommon in healthy infant and its presence should make the health care personal to investigate for immunodeficiencies in infant like HIV5. The diagnosis is usually clinical and rarely requires biopsy to differentiate with atopic dermatitis, psoriasis and histiocytosis6. There are controversies regarding treatment of Infantile seborrheic dermatitis7. It spontaneously resolves by the first birthday in infants. The treatment modalities includes ketoconazole, zinc pyrithrone, selenium sulphide, propylene glycol, local steroids like clobestiol, desonide.

Fig 1: Showing to have extensive whitish yellow scales over the scalp with reddish base.
References