PRIMARY CARE DERMATOLOGY SOCIETY

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# What is seborrhoeic eczema?

Seborrhoeic eczema (also known as seborrhoeic dermatitis) is a common condition causing dandruff and a red scaly rash on the central face and upper body. It can start at any time after puberty. Babies can also get a short-lived type of seborrhoeic eczema in the scalp (cradle cap) and nappy area, which usually clears after a few months.

# What does seborrhoeic eczema look and feel like?

The symptoms of seborrhoeic eczema vary from person to person, and usually include two or more of the following:

- Affected areas can be **itchy or sore**
- **Scalp** – red (erythematous) skin with troublesome flaking/dandruff or sometimes weeping crusty areas
- **Face** – red and flaky skin on the inner eyebrows, and the creases around the nose and cheeks
- **Ears** – involvement of the ear canals, the outer ear and behind the ears is common. Inflammation in the ear canal (otitis externa) can lead to infection, which results in oozing and crusting, or blockage
- **Eyes** – sore red eyes with involvement of the eyelids (blepharitis)
- **Front of the chest and between the shoulder blades** – well-defined (easy to draw around), round or oval patches of red, scaly, greasy skin. Each patch is commonly a few centimetres across, but patches usually vary in size. Yellow-brown crusts may form on the top of each patch. The rash may feel slightly raised as if it is on top of the skin
- **Skin folds** (armpits, under the breasts, in the groin) – the skin may be pink and shiny
- Skin changes can sometimes become **more widespread**
- **In skin of colour** the affected areas may be darker (hyperpigmented) or lighter (hypopigmented) than the surrounding skin)

# What causes seborrhoeic eczema?

While the exact cause of seborrhoeic eczema is not known, it is thought to be triggered by an overgrowth of a harmless yeast called Malassezia that lives on the

skin, or by the skin's immune reaction to this yeast. This is different from the yeasts that cause thrush or those that are present in foods. Seborrhoeic eczema cannot be passed on to other people (i.e. it is not contagious).

## What else may contribute to seborrhoeic eczema?

Emotional stress is likely to aggravate the condition. If seborrhoeic eczema is more severe or unresponsive to treatment, it may suggest the person is immunosuppressed (has a weakened immune system). Several things including HIV infection, or certain medications, can weaken the immune system. Seborrhoeic eczema is also more common in people with Parkinson's disease. A lack of cleanliness does **not** cause seborrhoeic eczema.

## Things you can do to help yourself

- **Protect your skin by avoiding irritants** such as soaps and detergents
- **Help repair the skin barrier**, which does not work as well in eczema, with the regular use of emollient moisturisers – these come in the form of creams, gels, and ointments. Creams and gels are often better tolerated, ointments are more effective if the skin is very dry
- **Sunlight** – some people find their eczema is better in the summer. If this is the case, you still need to take sensible precautions to avoid getting burnt and increasing your risk of skin cancer
- Keep **nails short** and clean to minimise damage to the skin from scratching
- **See your pharmacist** for advice on treatments that can help seborrhoeic eczema without a prescription – these include emollients, anti-fungal shampoos, and sometimes mild steroid creams. Ask about a pre-payment certificate if you pay for prescriptions

## Make an appointment at your GP surgery

Although there is no cure for seborrhoeic eczema, there is much that can be done to help. If your eczema is not responding to the measures described above, then make an appointment to see a health professional.

For information on **specific treatments** refer to the ***Best Practice Concise Guidelines*** or the ***A-Z list of Clinical Conditions*** from the homepage of www.pcds.org.uk.

# Your mental health

Seborrhoeic eczema can have a significant psychological impact and may affect many areas of daily life including work and personal relationships. If seborrhoeic eczema is affecting your mental health, you should discuss this with a health professional.

# Referral to a specialist

The following groups of people may need to be referred to a specialist, who will be either a Dermatologist or a GPwER/GPwSI (a GP who has been trained in relevant areas of dermatology):

- If the diagnosis is not clear
- Moderate-severe cases of seborrhoeic eczema that have not responded to treatments provided by your health professional

# What will happen when you are referred?

The appointment may be face-to-face (the person attends the clinic), or a video call (teledermatology).

# CAUTION

This leaflet mentions 'emollients' (moisturisers). Pure petroleum emollients are **flammable** and should never be used near a naked flame. Non-paraffin-based emollients may also act as accelerants if they have a high oil content, so caution is advised with all topical treatments.

Your hands may be slippery after applying a greasy moisturiser, so allow time for them to soak in before driving or operating machinery.

# Helping with other skin conditions

If you, a family member, or friend have an undiagnosed skin condition; or you want to learn more about how to treat skin conditions, please visit www.pcds.org.uk – if you click the purple tile near the top of the homepage that reads ***Take a Tour*** you can learn how best to use this website.