

Diagnostic and Treatment Pearls for Seborrheic Dermatitis

Know how to recognize uncommon presentations of this common condition and learn how to speed clearance.

By Paul Winnington, Editor-in-Chief

Classic seborrheic dermatitis of the face and/or scalp rarely challenges the diagnostic skills of dermatologists, but the condition has a more diverse clinical presentation. When the rather common condition presents in less typical ways it may be mistaken for another condition or produce troublesome sequela. In order to provide patients efficient relief of symptoms, clinicians must be aware of these presentations and maintain suspicion for seborrheic dermatitis when appropriate, suggests Boni E. Elewski, MD, Professor and Vice Chairman in the Department of Dermatology at the University of Alabama at Birmingham. Topical ketoconazole therapy remains the mainstay of therapy, and a new formulation offers a simplified, patient-friendly therapeutic approach.

Clinical Presentations

Most patients are familiar with seborrheic dermatitis as “dandruff,” though the greasy scale also commonly affects the face—particularly the eyebrows and nasolabial folds—and ears. It can also develop at the axilla, groin, and mid-chest. Signaling either a heightened immune reaction to normal levels of *Malassezia* yeast or a response to excess yeast, seborrheic dermatitis is not considered an infection. The presentation tends to be seasonal, spiking in the spring and fall, and may be exacerbated by patient stress. The condition is very common in individuals with neurological impairment, such as those with



Patient above underwent treatment with Extina for seborrheic dermatitis, and is shown (L to R) at baseline, week 2, and week 4

Photos courtesy of Stiefel Laboratories, Inc.

Parkinson's disease, Alzheimer's disease, or those who have had a stroke. Because the condition is also common in individuals who are HIV-positive (it sometimes precedes a diagnosis of HIV status), the highly visible condition can be associated with a social stigma.

Any cases of non-specific intertrigo warrant suspicion for SD, Dr. Elewski says, reminding that seborrheic dermatitis may develop in any fat fold, as well as the armpit and groin. It is also important to properly diagnose scalp psoriasis or eczema that may be mistaken for SD. Finally, Dr. Elewski says, consider underlying SD among patients with sudden unexplained hair loss. Patient scratching in response to SD-associated pruritus may lead to scalp trauma and subsequent hair loss.

Treatment Options

Topical ketoconazole formulations are highly effective for targeting *Malassezia*. However, given limitations of previously available vehicles, most patients required two products: a medicated shampoo for the scalp and a cream, lotion, or gel for other body sites.

Ketoconazole 2% prescription shampoos and 1% over-the-counter shampoos have been popular, but some of these formulations lack cosmetic elegance for daily hair care, Dr. Elewski observes. Furthermore, she notes, many African-American patients or women who visit the hair salon for styling on a weekly basis may shampoo their hair as few as two to eight times a month, which is not sufficient for the medicated shampoo to provide effect.

While some clinicians instruct patients to use medicated shampoos on affected areas other than the scalp, most dermatologists have in the past prescribed a ketoconazole cream or gel for use on other body areas. Such regimens, though potentially effective, do not optimize compliance and involve multiple prescription co-pays for the patient, Dr. Elewski notes. That's why she welcomes the emergence of a new ketoconazole 2% foam formulation (Extina, Stiefel). The foam is suitable for use on the hair-bearing scalp as well as any other body sites, permitting patients to treat any affected areas with a single topical formulation.

Diagnostic Considerations for Seborrheic Dermatitis

- SD tends to be seasonal (spring, fall).
- It may be exacerbated by patient stress.
- Very common in individuals with neurological impairment (PD, AD, stroke).
- Also common in individuals who are HIV-positive.
- Any case of non-specific intertrigo warrants suspicion for SD.
- Consider scalp psoriasis or eczema in differential.
- Consider underlying SD among patients with sudden unexplained hair loss (scratching may lead to scalp trauma and subsequent hair loss).

Extina features VersaFoam HF (hydroethanolic formulation) technology. The alcohol-free foam does not cause stinging or burning upon application, important because affected skin may be broken or excoriated due to patient scratching, Dr. Elewski says. Given that seborrheic dermatitis is characterized by greasy scale, she notes that patients may prefer the feel of the foam vehicle, rather than a cream, on oily skin. Extina 2% foam is indicated for twice-daily application for four weeks. Dr. Elewski instructs patients to then use the foam as needed to manage subsequent flares.

The Right Questions, The Right Answers

Appropriate diagnosis and initiation of therapy are essential to the efficient management of seborrheic dermatitis. Rapid control of symptoms is important to alleviate the stigma of SD for some patients and to stop the itching and scratching that leads to skin trauma and possible hair loss for others. It's important to ask patients about their hair and general skincare practices. Dermatologists who choose to prescribe medicated shampoos must ensure that patients will use them frequently enough to experience therapeutic benefit. Finally, it is important to identify any other products patients may be using to combat SD. Particularly among African-American patients, Dr. Elewski has found, creams and lotions containing coco-butter and coco-oil are popular. However, these ingredients may actually promote *Malassezia* growth and must be withdrawn. ❏

PRACTICAL Dermatology

Advertising Index September 2007

Advertiser	Page
Abbott Laboratories.	3-5
www.abbott.com	
(847) 937-6100	
Barrier Therapeutics	19-20
www.barriertherapeutics.com	
(866) 440-5508	
CollaGenex	8-10
www.collagenex.com	
(888) 339-5678	
Galderma	15-16, 31
www.galdermausa.com	
(817) 961-5000	
Merz	34-35
www.merz.com	
(888) 637-9872	
Society of Dermatology Physician Assistants.	7
www.derpma.org	
(800) 380-3992	
Stiefel	54
www.stiefel.com/USA	
(888) 784-3338	

For advertising inquiries, please contact

Tom Gangemi, Publisher

(610) 238-9052, ext. 11

or

tgangemi@avondalemedical.com