Seborrheic dermatitis: from diagnosis to therapy

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No conflict of interest
Dermoscopy

**Scale**

- Silver-white / thicker in psoriasis
- Yellowish and thinner in SD

**Psoriasis**
Psoriasis/Seborrheic Dermatitis - vascular pattern

**Psoriasis**
- red dots, globules
- twisted red loops, glomerular vessels

**SD**
- arborizing vessels/atypical red vessels

**Dermoscopy**
Treatment - clinical response assessment

**Subjective index:** pruritus, burning sensation, social discomfort

**Objective index**
- intensity of erythema
- scale thickness

**Biochemical**
- Malassezia species population, plakoglobins
- Inflammation markers (IL-8 and others), pruritus markers (histamine, cathepsin)

Useful to the physician / higher compliance
Scalp DS treatment

Control Malassezia population

Initial, maintenance regimen
Clinical DS improvement
Scale, erithema, pruritus/burning sensation
Laboratorial inflammation control

High level of evidence:
Azole antimycotics (2% KTC, clotrimazol, miconazol)
Cyclopirox 1-2%
Zinc pyrithione 1%
Cyclopirox 1-2% + Zinc pyrithione 1%

Clinical and biochemical assessment of maintenance treatment in chronic recurrent seborrheic dermatitis: randomized controlled study.

Cutaneous fungal microbiome: Malassezia yeasts in seborrheic dermatitis scalp in a randomized, comparative and therapeutic trial
Scalp DS treatment

Inflammation control

DS clinical improvement
Quicker control of rashes
Complete rashes remission

High level of evidence:

Corticosteroids – use for short periods
Calcineurin inhibitors tacrolimus 0.1%
pimecrolimus 1% ointment/cream

Topical anti-inflammatory agents for seborrhoeic dermatitis of the face or scalp. Kastarinen H et al. Cochrane Database Syst Rev. 2014 May 19;5