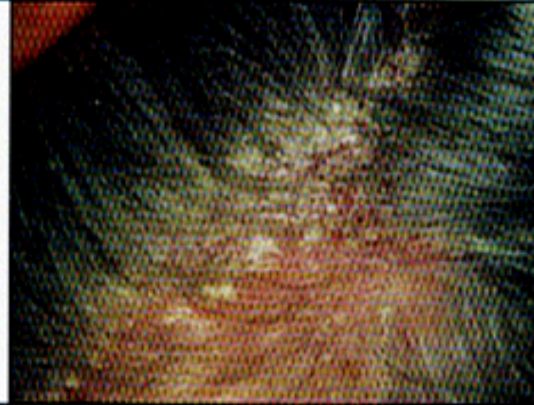





A quick reference guide to common Scalp Conditions

	Seborrhoeic Dermatitis	Cradle Cap (Infantile Seborrhoeic Dermatitis)	Pityriasis capitis (Dandruff)	Scalp Psoriasis
				
Scale description and features of condition	<ul style="list-style-type: none"> • Large, yellow, greasy appearance, may form a crust. • Fixed to the scalp. 	<ul style="list-style-type: none"> • Whitish-yellow, greasy scaling. 	<ul style="list-style-type: none"> • Small, white or grey flakes. • Loosely attached to the scalp. 	<ul style="list-style-type: none"> • Small, silvery. • Fixed to the scalp.
Scalp description	<ul style="list-style-type: none"> • Inflamed-red. • No hair loss. 	<ul style="list-style-type: none"> • Inflamed- sometimes red. 	<ul style="list-style-type: none"> • Normal. • No hair loss. 	<ul style="list-style-type: none"> • Thick, clearly marked plaques. • May extend to beyond the hairline. • Hair thinning may occur.
Other features	<ul style="list-style-type: none"> • Slightly itchy. 	<ul style="list-style-type: none"> • Not usually itchy. • Usually on young babies up to 3 months. 	<ul style="list-style-type: none"> • Not usually itchy. 	<ul style="list-style-type: none"> • Not usually itchy. • May bleed slightly when scales are scratched.
Other affected sites	<ul style="list-style-type: none"> • Inflamed, red, greasy, scaly skin behind the ears, eyebrows and around the nose. 	<ul style="list-style-type: none"> • Eyebrows, ears, around the nose and nappy area can be affected. 	<ul style="list-style-type: none"> • No rash elsewhere. 	<ul style="list-style-type: none"> • Psoriasis can occur anywhere on the body.
Capasal indicated	✓	✓	✓	✓
Dermax indicated	✓	✓	✓	✓
Betacap indicated	✓			✓

- Basically dandruff of skin.
 - No cure. Aim is to control.
 - Unknown cause, but yeast plays a role.
 - Yeasts break down fatty acids which is perfect for yeast to grow and make scale and redness (dermatitis).
 - Affects areas rich in sebaceous glands e.g. face, scalp, chest, flexures, groin (hence, sebaceous).

Seborrhoeic dermatitis

Disclaimer:
 Read the disclaimer at medimaps.co.uk/disclaimer

References:
 1. cks.nice.org.uk
 2. GP Update
 3. pcds.org.uk
 4. Alliance Federation, Walsall, Dermatology consultant, July 2017
 5. Dr Tewari dermatology consultant King's College NHS, LEO webinar Jan 2021

Images from Primary Care Dermatology Society pcds.org.uk



Symptoms

- Red, sharply demarcated macules
- Greasy looking yellowish scales

Investigations

- Nil tests.
- Clinical diagnosis.

Management

Scalp/face

adult

- Ketoconazole shampoo 2-4 times per week for 4/52.
- Then maintenance once a week.
- OR
- Head & shoulders (pyrithione zinc)

OR

- Selenium sulphide (Selsun) shampoo twice weekly for 2/52.
- THEN
- Once weekly for 2/52
- THEN
- When required

- Don't get in eye's, it stings !

baby

- Coconut oil
 - OR
 - Dermalol
 - OR
 - Cetraban lotion
- Some clinicians advise avoiding olive oil, due to drying effect.

- Could use combination products on the face e.g. Daktacort (miconazole + hydrocortisone), but then risk of overuse of the steroid component.
 - Apply OD 10/7, alternate days 10/7, then only weekends for 2/52.

Skin

- Ketoconazole cream BD until clear.

if too irritating to skin

- Clotrimazole (Canesten)
- OR
- Miconazole (Daktarin)

if inflamed i.e. erythema

- Clobetasone (Eumovate)
 - Only use 2/7 on the face.

if concerns of steroid overuse on face

- Tacrolimus (Protopic)
- OR
- Primexolimus (Elidel)

generally avoid emollients unless significant scaly

- Use lotions i.e. emollients which are not too greasy.

Extensive OR Topical treatment failure

- Itraconazole 100mg OD for 2/52

if fails

- Doxycycline for 6-8/52
 OR
 - Lymecycline for 6-8/52

- For anti-inflammatory action.

if fails

- Think about HIV
 - Refer to dermatology