

SD / SEBORRHOEIC ECZEMA / DANDRUFF /
CRADLE CAP (IN INFANTS)

Seborrhoeic dermatitis

CATEGORY:

Rashes

LOOKS LIKE:

Pink, pale or dark patches; flaking; scaling

FEELS LIKE:

Scaly, sometimes itchy

PREVENTION AND TREATMENT:

In infants, usually lasts weeks to months; in adults, often longer and requires maintenance treatment

LOCATION:

Commonly affects the scalp, face, ears, trunk, and skin folds



WHAT IT LOOKS LIKE —



Seborrhoeic dermatitis on the side of the nose



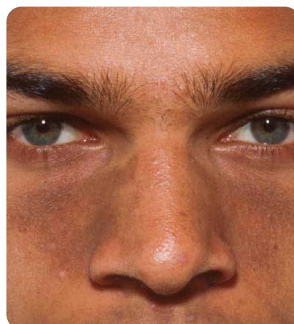
Redness and scaling in and between the eyebrows



Redness and scaling in the scalp



Seborrhoeic dermatitis in the armpit



Darkened facial seborrhoeic dermatitis



The nappy/diaper area, neck, and armpits are often affected in infants

What is it?

Seborrhoeic dermatitis is a common skin disease that typically affects the scalp, face, ears, armpits, groin, and trunk. These are areas where the skin has more oil (sebaceous) glands.

Different forms of the disease can occur in infants and adults.

It is not cancerous, and not contagious.

You may be more likely to get seborrhoeic dermatitis if you have:

- Family members with seborrhoeic dermatitis or psoriasis
- A neurological condition eg, Parkinson's disease
- A mental health condition eg, depression
- Stress and sleep deprivation
- A weakened immune system.

Seborrhoeic dermatitis

CAUSES —

While the cause isn't fully understood, the following factors are thought to play a role:

- Genetics
- Skin structure
- The immune system
- Illness and stress
- Hormone levels
- Overgrowth of *Malassezia* yeast on the skin.

SYMPTOMS —

In **infants**, symptoms usually start before 3 months and resolve by 1 year of age. These include:

- Widespread greasy scaling on the scalp (cradle cap)
- Rash on the face, trunk, & in skin folds (eg, armpits, groin) — can be pink, or darker or lighter than the surrounding skin
- Usually non-itchy and does not seem to bother the infant.

In **adults**, symptoms often start in late adolescence, and may include:

- Dandruff or scaly/flaky patches on the scalp and hairline

- Pink, pale (hypopigmented) or dark (hyperpigmented) scaly patches on the face, trunk, and skin folds
- Inflammation of the eyelids (blepharitis), the ear, or the crease behind the ear
- Inflamed hair follicles on the cheeks or chest
- Itching of affected skin.

COMPLICATIONS —

- **Skin infection** — as it is easier for bugs (eg, bacteria, fungi) to get into irritated skin.
- **Skin thinning** — especially with frequent use of steroids to control symptoms.
- **Stress** and self-esteem issues.

DIAGNOSIS —

Seborrhoeic dermatitis is usually a straightforward diagnosis by your doctor based on an examination of your scalp and skin. Skin biopsies (sending a sample of affected skin for testing) are occasionally done to rule out other conditions.

TREATMENT AND PREVENTION —

Treatment may involve:

- For cradle cap: regular shampooing or moisturising, followed by gentle brushing to loosen scales
- **Antifungal** (eg, ketoconazole) or **anti-inflammatory** topical products (eg, steroids or calcineurin inhibitors) applied to the affected area.
- Avoid shampoo use on face as can cause irritation and worsen scaling

- Gently removing scales with **keratolytic** topical products such as salicylic acid
- Medicated **shampoos** for scalp treatment
- Regular washing with soap substitutes for the body
- Oral anti-yeast therapy (such as itraconazole) or light therapy (phototherapy) for severe/treatment-resistant cases.

Recommendations to prevent future flare-ups:

- Ensure good fruit intake – seborrhoeic dermatitis is less common in those with a high fruit diet
- Stress management
- Get enough sleep
- Intermittent use of antifungal shampoo, face, or body wash may be helpful.

OUTCOME —

In infants, seborrhoeic dermatitis (eg, cradle cap) generally goes away within weeks or months.

In adults, ongoing maintenance or preventative treatment is often needed, and there are several options to help manage the condition.



<https://dermnetnz.org/topics/seborrhoeic-dermatitis>

Last reviewed in 2025 by Dermatologists from DermNet. © DermNet