Seborrhoeic dermatitis and cradle cap in infants factsheet

Infantile seborrhoeic dermatitis (also known as 'seborrhoeic eczema') is a common skin condition seen in infants, which appears before the age of 3 months and usually resolves by 6-12 months. It commonly affects the scalp as cradle cap or the bottom as napkin dermatitis, but sometimes the eyebrows, forehead, temples, folds around the nose and the area behind the ears are affected. Very rarely, infantile seborrhoeic dermatitis can become generalised. The condition is neither serious nor contagious, and is not usually itchy. Your baby should feed, play and sleep without any problems. It generally resolves spontaneously within a few weeks to a few months. If the condition does not resolve by itself, some simple treatment measures can be taken.

Appearance

'Cradle cap' is the name generally given to the condition that manifests as thick, greasy scales on an infant's scalp. Cradle cap starts with the scalp becoming thickly coated with greasy, yellowish, waxy scales that stick to the head, making it look crusted. The eyebrows may be scaly, and the forehead, temples, neck folds and behind the ears can also be affected, if the condition is more severe. Extensive cradle cap can be a marker for a baby developing atopic eczema, especially if there is a family history of atopy. Cradle cap is not usually itchy and causes no discomfort to the baby.

In the nappy area, the baby's bottom may look flaky and inflamed (showing as red on white skin and darker patches on skin of colour). There may be small skin scales (these may be white or grey in colour), which tend to rub off easily, especially if the nappy is tight, giving the skin a shiny appearance. The red or darker patches may extend into the skin folds at the tops of the legs, around the genitals and between the buttocks. They can then spread quite rapidly and widely.

On other areas of the body, such as the face, flexures and trunk, there may be small, dry, salmon-pink or darker patches that join up to cover larger areas.

Causes

The exact cause of infantile seborrhoeic dermatitis is unknown. It is believed to be caused by the overproduction of oil-producing sebaceous glands on the baby's scalp. *Malassezia* yeasts are also indicated in this condition, although their exact role is not clear. These are not the same yeasts as those found in foods, or which cause thrush. A family history of eczema or other skin conditions does not seem to be of great significance, although some babies with seborrhoeic dermatitis will also develop atopic eczema, especially if seborrhoeic dermatitis is more severe and extensive.

It can sometimes be difficult for a healthcare professional to determine whether a baby has seborrhoeic dermatitis or another skin condition, such as psoriasis or nappy rash, because they all look similar. However, if the skin creases are unaffected, it is probably nappy rash. Fortunately, treatments for these different conditions in the nappy area are often the same. Infantile seborrhoeic dermatitis usually clears by the baby's first birthday, but for a few children it continues or comes back.

Infection

Mild infantile seborrhoeic dermatitis is unlikely to become infected if the skin remains intact. However, if the skin

becomes sore and raw, especially in the nappy area, it may then become infected by a yeast called *Candida*, which normally lives on the skin in this part of the body and can cause thrush. Special creams are available to treat this if your healthcare professional thinks they are necessary. Sometimes, seborrhoeic dermatitis can become infected by bacteria if areas of skin are severely affected, particularly the creases. If your baby's skin feels hot, smells odd or weeps, consult your GP.

Treatment

Cradle cap

If the cradle cap does not clear by itself within a few months, or if your baby has symptoms other than those associated with seborrhoeic dermatitis, consult your health visitor or GP. If your baby is itchy or the cradle cap persists, it is more likely that your baby has developed childhood atopic eczema, which often starts on the face and scalp. Although there is no need to treat cradle cap, the following suggestions may be helpful:

- Use tepid water and a shampoo designed to treat cradle cap (such as Dentinox Cradle Cap Treatment Shampoo or Mustela Foam Shampoo for Newborns) to wash the scalp every few days. Gently massage the scalp with fingertips to remove crusts and excess scale, but do not rub vigorously.
- Gentle brushing with a soft brush will help to loosen the scales.
- Do not pick the scales as this can leave raw areas of skin and may increase the risk of infection. If you are not able to remove the scales with the simple measures described above, soften them prior to hair-washing by applying an emollient or unperfumed oil the night before to soak into the scales. Unperfumed mineral oil or vegetable oil, such as coconut or sunseed oil, is fine to use. Olive oil is no longer recommended as it has been found to damage the skin barrier.
- If any hair comes out with the scales, do not worry as it will grow back.

Elsewhere on the body

- Bath your baby every day with a medical emollient as a soap substitute, or add an emollient bath oil to the water, which will help loosen scales and moisturise dry skin. Take extra care when lifting your baby out of the bath as their skin will be slippery!
- Use a medical emollient rather than cosmetic baby products (including those described as 'natural' or 'for sensitive skin'), which may contain fragrance and other ingredients that can irritate the skin. Moisturising skin with an emollient will help prevent further skin flaking and infection. Please see National Eczema Society's factsheet on Emollients for more information.
- If the skin looks sore, your GP or health visitor may prescribe a mild topical steroid cream or ointment. Apply it thinly once a day, or as prescribed, to the sore areas of skin only, for a short treatment burst.
- A good time to apply emollient is after a bath, after gently patting the skin dry with a soft towel. After applying the emollient, leave a gap of ideally 20-30 minutes before applying a topical steroid. It is important to leave a gap between the two treatments to avoid diluting the topical steroid and/or spreading it to areas unaffected by eczema.
- Keep the nappy area clean and dry. Check nappies frequently while the skin is sore and change as soon as they become wet or soiled.
- At each nappy change, apply a water-repellent emollient as a barrier to help protect the skin (ask your pharmacist for a suggestion). Do not use plastic pants over cloth nappies as these can make the problem worse.

DISCLAIMER

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