

# Infantile Seborrheic Dermatitis

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Infantile seborrheic dermatitis is characterized by thick, white, off white or yellowish coloured greasy scales with an erythematous base<sup>1</sup>. The most common body parts involved are face, scalp, neck, axillae, and inguinal area (diaper area). The lesions in infants are not pruritic, as they are in children and adults<sup>2</sup>. The extensive involvement of the scalp gives appearance of typical cradle cap. The infantile seborrheic dermatitis has been thought as a result of proliferation of fungus of *Malassezia* species (e.g., *Malassezia furfur*, *Malassezia ovalis*) and *Pityrosporum ovale*<sup>4</sup>. Extensive and generalized infantile seborrheic dermatitis is very uncommon in healthy infant and its presence should make the health care personal to investigate for immunodeficiencies in infant like HIV<sup>5</sup>. The diagnosis is usually clinical and rarely requires biopsy to differentiate with atopic dermatitis, psoriasis and histiocytosis<sup>6</sup>. There are controversies regarding treatment of Infantile seborrheic dermatitis<sup>7</sup>. It spontaneously resolves by the first birthday in infants. The treatment modalities includes ketoconazole, zinc pyrithione, selenium sulphide, propylene glycol, local steroids like clobestiol, desonide.

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**Fig 1:** Showing to have extensive whitish yellow scales over the scalp with reddish base.

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