

## INFANTILE SEBORRHOEIC DERMATITIS & CRADLE CAP

### What is it?

Infantile seborrhoeic dermatitis (also called seborrhoeic eczema) is a common skin condition seen in infants (usually between the ages of 3 and 8 months). It usually appears quite suddenly between two weeks and six months after birth. It commonly affects the scalp as cradle cap or the baby's 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. It is not usually itchy and looks far worse than it is, so your baby should feed, play and sleep as usual, without any problems. It will usually spontaneously resolve within a few weeks to a few months. For those infants in whom the condition does not resolve on its own, there are some simple treatment measures.

### Appearance

**Cradle cap** is the name generally given to the condition when a young infant has thick, greasy scales on the scalp. It usually occurs around birth or in the first couple of months of life and is not seen again after the first year. 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 fold and behind the ears can also be affected, especially if the condition starts later rather than a few weeks after birth. Cradle cap may look unsightly but it is not usually itchy and causes no discomfort to your baby.

**In the nappy area** the baby's bottom may look red, inflamed and flaky. There may be small, white skin scales, which tend to rub off easily, especially if the nappy is tight, giving the skin a shiny appearance. The redness may extend into the skin folds at the tops of the legs, around the genitals and between the buttocks. It 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 patches that join up to cover larger areas.

### Causes

The exact cause of infantile seborrhoeic dermatitis is not known, but it is believed to be linked to developing sebaceous glands. A family history of eczema or other skin conditions does not seem to play a big part although some babies with seborrhoeic dermatitis will also develop atopic eczema.

It can sometimes be difficult for your doctor to say definitely whether your 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

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birthday and is very unlikely to lead to further skin problems later on in life.

### 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 doctor thinks it is necessary. Sometimes seborrhoeic dermatitis can become infected by bacteria if areas of skin, particularly the creases, are severely affected. Suspect infection and consult your GP if your baby's skin feels hot, smells odd or weeps.

### Treatment

#### Cradle cap

If the cradle cap does not clear by itself within a few months, or if your baby has any symptoms other than those due to 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. Although there is no need to treat cradle cap, the following suggestions may be helpful:

- Frequent, gentle shampooing of the scalp will remove crusts and excess scales.
- Use a mild baby shampoo and tepid water to wash the scalp daily, but do not rub vigorously.
- Gentle brushing with a soft brush will help to loosen the scales.
- Do not pick the scales as this may increase the risk of infection. If the scales are not removed with the simple measures recommended above, soften them prior to washing with emollient (medical moisturiser) or unperfumed mineral oil or vegetable oil, such as coconut or sunseed oil (*olive oil is no longer recommended* as it has been found to damage the skin barrier).
- If any hair comes out with the scales, don't worry as it will grow back.
- If your baby has childhood atopic eczema, shampoo is not recommended for babies under one year.

#### Elsewhere on the body

- Bathe your baby each day, adding an emollient bath oil to the water, or use an emollient soap to loosen the scales. Moisturise the skin with an emollient to help prevent further skin flaking and infection.
- Use a non-cosmetic moisturiser (i.e. an emollient/medical moisturiser available on prescription),

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rather than commercial baby products (including those described as ‘natural’ or for sensitive skin), which may contain fragrance and other ingredients that can irritate the skin. Take extra care when lifting your baby out of the bath as their skin will be slippery!

- Avoid using soap or baby wipes – use an emollient soap substitute (or wash your baby using cotton wool and their regular leave-on emollient) instead.
- If the skin looks sore, your doctor or health visitor may prescribe a mild topical steroid cream – apply it very thinly once or twice a day, as prescribed, only to the sore areas of skin.
- After bathing is a good time to apply the emollient, followed 30 minutes later by the topical steroid. It is important to leave a gap between the two applications to avoid diluting the steroid and/or spreading it to areas where it is not needed.
- 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). Don’t use plastic pants over cloth nappies as these can make the problem worse.

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