

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 baby's bottom as nappy 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 as usual, without any problems. It will usually spontaneously resolve within a few weeks to a few months. For infants for whom 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 when a young infant has thick, greasy scales on the 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 fold and behind the ears can also be affected, if the condition is more severe. Extensive cradle cap can also 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 your baby.

In the nappy area the baby's bottom may look red, inflamed and flaky. This can be due to seborrhoeic dermatitis (generally just the groin is affected) or a generalised yeast infection (*Candida*), if it spreads to the whole nappy area. 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. The reason infantile seborrhoeic dermatitis affects other areas of the body is due to its hormonal cause.

Causes

The exact cause of infantile seborrhoeic dermatitis is not known, but it is believed to be linked to developing sebaceous glands. It usually appears around birth or in the first couple of months of life, and is thought to be caused by hyperactivity of sebaceous glands responsive to residual circulating maternal hormones shortly after birth. This is why the condition usually resolves by one year of age and does not return. *Malassezia* yeasts are also indicated in this condition, although their exact role is not clear. 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 doctor 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

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area are often the same. Infantile seborrhoeic dermatitis usually clears by the baby's first 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 they are necessary. Sometimes seborrhoeic dermatitis can become infected by bacteria if areas of skin, particularly the creases, are severely affected. 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 the scalp in babies. Although there is no need to treat cradle cap, the following suggestions may be helpful:

- Use a mild, unperfumed baby shampoo and tepid water 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 may increase the risk of infection. If you are not able to remove the scales 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.
 - Shampoo is not recommended for babies under one year with atopic eczema.

Elsewhere on the body

- Bathe 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 the skin with an emollient will help prevent further skin flaking and infection. Please see National Eczema Society's 'Emollients' factsheet for more information on emollients.
- 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, to the sore areas of skin only.
- A good time to apply emollient is after bathing. After applying the emollient, wait at least 10 minutes (ideally 20-30 minutes if you have time) 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). Don't use plastic pants over cloth nappies as these can make the problem worse.

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