

## LETTER TO THE EDITOR

## Neonatal scalp seborrhoeic dermatitis or psoriasis?

**Case:** A 6-day-old full-term female baby, from a non-consanguineous marriage, presented with erythematous scaly lesions on the occipital area observed by the mother since birth. She was in good health, there were no other skin lesions, no nail deformities and no xerosis (dryness) over the body. Systemic examination of the child was normal. The parents had no dermatological diseases. There was no family history of psoriasis.



Figure 1. Scalp psoriasis in a new-born: erythematous plaque covered by adherent scales in the occipital area (Credit: Anca Chiriac).



Figure 2. Same child 10 days of treatment with topical steroids class II (Credit: Anca Chiriac).

The parents did not permit a biopsy, mycological examination was negative and the lesions cleared rapidly under topical steroids class II for 7 days and emollients for several weeks. Figures 1 and 2 show the child's scalp on admission and 10 days later.

We considered the most likely diagnosis to be infantile seborrhoeic dermatitis. It is uncommon for psoriasis to appear in neonates. However, the localization, very well demarcated erythematous plaque, no-greasy scales and quite adherent to the scalp area and negative mycology could favour psoriasis [1,2].

Yours sincerely,

**Ass. Prof. Anca Chiriac**, Head of Department of Dermatology, Nicolina Medical Center, Iasi, Romania.

**Dr Piotr Brzezinski**, MD PhD, Head of Department of Dermatology, 6th Military Support Unit, os. Ledowo 1N, 76-270 Ustka, Poland. Corresponding author brzezoo77@yahoo.com

**Prof. Caius Solovan**, Head of Department of

Dermatology, University of Medicine V Babes, Timisoara, Romania.

## References

1. Mohamad N. S. Trace elements homeostatic imbalance in mild and severe psoriasis: a new insight in biomarker diagnostic value for psoriasis. *Our. Dermatol. Online.* 2013; 4:449-452.
2. Puri N. Infantile psoriasis treated successfully with topical calcipotriene. *Our. Dermatol. Online.* 2013; 4:205-207.

## EDITORIAL COMMENT

The clinical information and photographs were sent to Dr. William Tucker, Consultant Dermatologist, at the Worcestershire Royal Hospital (UK) with a request for his opinion. He agreed that the appearances were compatible with infantile seborrhoeic dermatitis. To make a clear diagnosis of psoriasis would be difficult without a strong family history of this condition.

Infantile seborrhoeic dermatitis is extremely common in the first six weeks of life and usually causes a yellow crusty greasy scaling most commonly on the scalp ('cradle cap') with a loss of a small amount of hair. It is a papulo-squamous lesion that appears in areas of high sebum production. It may also occur around the ears, on the neck and in the axillae and groins. There may be some erythema especially if in the flexures but there is usually no itching. Most cases resolve over a few weeks but a few may persist for up to a year. The condition may look very similar to psoriasis particularly in babies.

Simple management is usually effective: regular washing with baby shampoo and gentle brushing to loosen scale. If crusting is difficult to remove then baby oil or olive oil may be used prior to washing. If these measures are inadequate then a ketoconazole or imidazole cream or shampoo may be used once daily [1] but for no longer than four weeks a day.

## Reference

1. Sheffield RC, Crawford P, Wright ST, et al; Clinical inquiries. What's the best treatment for cradle cap? *J Fam Pract.* 2007 March; 56(3): 232-233.