



“Why is my face red and scaly?”

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A 40-year-old male with erythema and scaling of the mid-face complains of the appearance of his rash. He is frustrated by the condition and (based on all the reading he has done on the Internet) fears that he may have psoriasis. He is allergic to penicillin, but he is otherwise fit and is not taking any medications. There is no family history of psoriasis or eczema.

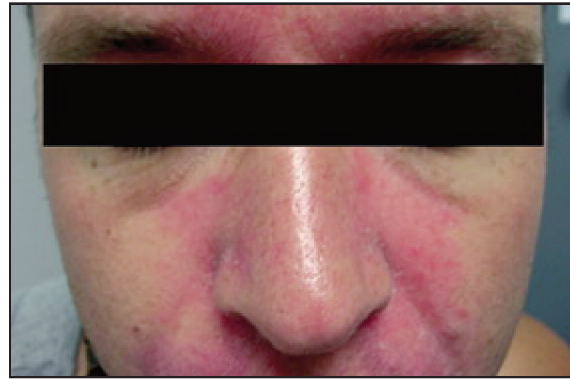


Figure 1. Erythema and fine scale affecting the mid-face.

1. What is the most likely diagnosis?

- Rosacea
- Polymorphous light eruption
- Psoriasis
- Seborrheic dermatitis
- Allergic contact dermatitis

2. Which medical conditions may present with severe seborrheic dermatitis?

- HIV
- Parkinson's disease
- Crohn's disease
- Lupus
- a & b

3. What is a reasonable treatment option?


- Mild topical steroids
- Topical antifungal therapy
- Topical calcineurin inhibitors
- Tar, selenium sulphide and zinc pyrithione-containing shampoos for scalp involvement
- All of the above

“Case in Point” is a series of interesting cases and diagnoses so general practitioners can sharpen their skills. Submissions and feedback can be sent to diagnosis@sta.ca.

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Seborrheic dermatitis is a papulosquamous disorder found in sebum-rich regions, such as the scalp, the face and the upper trunk. Along with sebum, it is linked to *Malassezia* and immunologic abnormalities. It can be aggravated by changes in humidity, seasons and by emotional stress.

Seborrheic dermatitis is often significant and more common in those with Parkinson's disease, AIDS and in middle-aged individuals, but it can also present in infancy as cradle cap. It is a clinical diagnosis based on clinical morphology and its histopathologic distribution is often non-specific.

Topical therapy with mild steroids, with or without combination topical antifungals, such as ketoconazole or ciclopirox, are often beneficial. More potent topical steroids can be used in acute flares. The newer calcineurin inhibitors, such as tacrolimus and pimecrolimus, are also of benefit and allays any patient concerns regarding the use steroids on the face. Scalp involvement is best managed by rotating shampooing with salicylic acid, tar, selenium sulfide and zinc pyrithione; these medicated shampoos should sit on the scalp for five minutes to 15 minutes to enhance efficacy. 

Answers: 1-d; 2-e; 3-e