

A Comprehensive View of Seborrhoeic Dermatitis: Epidemiology, Symptoms, and Causes

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Commentary

Received: 29-May-2023, Manuscript No. JCMCS-23-100488; **Editor assigned:** 01-Jun-2023, Pre QC No. JCMCS-23-100488 (PQ); **Reviewed:** 15-Jun-2023, QC No. JCMCS-23-100488; **Revised:** 22-Jun-2023, Manuscript No. JCMCS-23-100488 (R); **Published:** 29-Jun-2023, DOI: 10.4172/J Clin Med Case Stud.8.2.008.

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Citation: Angelo M. A Comprehensive View of Seborrhoeic Dermatitis: Epidemiology, Symptoms, and Causes. J Clin Med Case Stud. 2023;8:008.

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DESCRIPTION

Seborrhoeic dermatitis, once in a while mistakenly alluded to as seborrhoea, is a drawn out skin. Red, scaly, greasy, itchy, and inflamed skin are some of the symptoms. The scalp, face, and chest are all common places where oil-producing glands are abundant. It may cause issues with one's social life or self-esteem. Cradle cap is a condition that affects primarily the scalp in babies. Although the exact cause is unknown, several genetic and environmental factors are thought to be involved. Parkinson's disease, impaired immune function, and alcoholic pancreatitis are all risk factors. Stress or the winter may make the condition worse. The Malassezia yeast is accepted to assume a part. Analysis is normally founded on the side effects. There is no risk of transmission. The average treatment is antifungal cream. Particularly effective are ciclopirox or ketoconazole. It is indistinct if different antifungals, like miconazole, are similarly compelling as they have been inadequately contemplated. Different choices might incorporate salicylic corrosive, coal tar, benzoyl peroxide, and phototherapy. The condition affects adults between the ages of 30 and 70 most frequently, as well as infants younger than three months. Between 1%-10% of adults are affected. Males are more frequently impacted than females. It's possible that up to 70% of infants will be affected at some point.

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Epidemiology

Seborrheic dermatitis influences 1%-5% of everybody. Men are slightly more likely to be affected, but women typically experience more severe symptoms. The condition for the most part repeats all through an individual's lifetime. Seborrheic dermatitis can occur at any age, but the majority of cases begin during puberty and peak around 40 years of age. It is said to affect up to 31% of older people. Seriousness is more regrettable in dry environments.

Signs and symptoms

The first signs of seborrheic dermatitis are typically dry, flaky skin and the scalp. The scalp, behind the ears, on the face, and in folds of the skin is the most common places to experience symptoms. Flakes can be white, yellow, or grayish. Skin on the forehead, around the sides of the nose, on the chest, and on the upper back can also experience redness and flaking. In additional extreme cases, yellowish to rosy flaky pimples show up along the hairline, behind the ears, in the ear channel, on the eyebrows, on the scaffold of the nose, around the nose, on the chest, and on the upper back. Regularly, patients experience gentle redness, textured skin sores and now and again balding. Different side effects remember sketchy scaling or thick outsides for the scalp, red, oily skin covered with flaky white or yellow scales, tingling, irritation and yellow or white scales that might append to the hair shaft. Seborrheic dermatitis is characterized by the formation of a thick, oily, yellowish crust around the hairline and on the scalp in infants younger than three months. Infants do not frequently itch. The scalp rash is frequently accompanied by a persistent diaper rash.

Causes

Seborrheic dermatitis can be caused or influenced by a number of factors, including genetic, environmental, hormonal, immune-system, and Malassezia factors. The condition might be bothered by sickness, mental pressure, exhaustion, lack of sleep, change of season, and diminished general wellbeing. Excessive vitamin A intake or problems with 6-desaturase enzymes have been linked to an increased risk in infants and children. Seborrheic dermatitis-like ejections are additionally connected with lack of vitamin B6. Those with immunodeficiency (particularly contamination with HIV) and with neurological problems like Parkinson's illness (for which the condition is an autonomic sign) and stroke are especially inclined to it.