

**Maryam Safaee, MD, FAAD**, is chief of the dermatology section, outpatient medicine, at Tibor Rubin VA Medical Center. She is also assistant clinical professor in the department of dermatology at University of California, Irvine. Dr. Safaee took first place in AAD's Derm Tank competition at the 2023 Innovation Academy for conceptualizing a dry shampoo for seborrheic dermatitis.

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## Clinical Pearls

*Clinical Pearls will help prepare residents for the future by providing them with pearls about what they should know about a specific subject area by the time they complete their residency.*


# Seborrheic dermatitis

By Maryam Safaee, MD, FAAD

1. Seborrheic dermatitis (SD) is a chronic condition which will wax and wane during a patient's lifetime. Although it has an ambiguous etiology, it is mostly thought to be driven by an abnormal immune response to *Malassezia* yeast, primarily affecting body areas with increased numbers of sebaceous glands and larger sebaceous glands such as the scalp, face, upper trunk, and anogenital region. Thus, when unsure if scalp findings are suggestive of SD versus other eczematous eruptions, looking at body sites such as the upper trunk and anogenital region may help narrow the diagnosis.<sup>1</sup>
2. Seborrheic dermatitis has an increased prevalence among individuals with HIV and in some instances can be the first presenting sign. Consider HIV testing if a patient presents with extensive SD and/or therapy-resistant SD. In some cases, it may involve atypical sites such as the extremities.<sup>2</sup>
3. Severe and recalcitrant SD is more prevalent among patients with neurologic conditions such as stroke and Parkinson's disease. Facial immobility in such patients may result in greater accumulation of sebum which in turn leads to growth of *Malassezia*. Interestingly, some studies have shown seborrheic dermatitis may indeed be a premotor feature and early identifier in persons later diagnosed with Parkinson's disease.<sup>3</sup>
4. Although the mainstay of therapy for seborrheic dermatitis includes combination of topical azoles and topical corticosteroids, severe SD can be a challenge to treat. However, recent studies have shown promise in the use of low-dose oral isotretinoin as a viable management option with improvement at doses ranging from 10-20 mg a day.<sup>4</sup>

### References:

1. Dall'Oglio F, Nasca MR, Gerbino C, Micali G. An Overview of the Diagnosis and Management of Seborrheic Dermatitis. *Clin Cosmet Investig Dermatol*. 2022 Aug 6;15:1537-1548.
2. Berger RS, Stoner MF, Hobbs ER, et al. Cutaneous manifestations of early human immunodeficiency virus exposure. *J Am Acad Dermatol*. 1988; 19:298.
3. Caroline Tanner, Kathleen Albers, Samuel Goldman, Robin Fross, Amethyst Leimpeter, Jeffrey Klingman, Stephen Van Den Eeden. *Neurology*. Apr 2012, 78 (1 Supplement) S42.001
4. Yanfei, Z., Xiaoying, N., Dingwei, Z., Wei, W. and Jianwen, R. (2023). Efficacy and safety of oral isotretinoin in the treatment of moderate to severe seborrheic dermatitis: a retrospective study. *Int J Dermatol*. 62: 759-763. **DR**



**Thursday, March 7 • 6:30 – 9:00 p.m.**

- Resident Networking Event at Venue 808. Space is limited, look for the opportunity to RSVP soon.

**Friday, March 8**

- C001 - Conquer the Boards: Core Exam & Review (led by Jennifer Lucas, MD, FAAD)
- C005 - Conquer the Boards: Applied Exam & Review (led by Jennifer Lucas, MD, FAAD)


**Saturday, March 9**

- S027 - Residents and Fellows Symposium (led by Cory Dunnick, MD, FAAD)
- S044 - Resident Jeopardy – Team submissions are open through January 31!
- F060 - Young Physician Pearls and Pitfalls: A Survival Guide for the First 10 Years (led by Sonal D. Shah, MD, FAAD)

**Sunday, March 10**

- F084 - Boards and Beyond (led by Morgan Murphrey, MD, MS)
- S053 - Boards Blitz (led by Jennifer Lucas, MD, FAAD)

**Plus!** Four Gross and Microscopic symposiums (March 8 and March 9)



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