

# Seborrheic dermatitis in infants: Causes, treatment, and prevention.

Calla Wei\*

Department of Dermatology, University of Florida, USA

## Introduction

Seborrheic dermatitis, commonly known as cradle cap when it affects infants, is a non-contagious, inflammatory skin condition that appears as scaly, greasy patches on a baby's scalp, and sometimes on other areas of the body, such as the face, ears, or neck [1].

Although seborrheic dermatitis can be alarming for parents, especially when it causes thick, yellowish scales, it is generally a mild condition that resolves with proper care. This article explores the causes, treatment options, and preventive measures for seborrheic dermatitis in infants, offering guidance to help manage and reduce the severity of the condition [2].

Seborrheic dermatitis is a common skin disorder characterized by the appearance of red, inflamed, and flaky patches that may be greasy or crusted. In infants, the condition usually manifests as cradle cap, a type of seborrheic dermatitis that affects the scalp [3].

These patches can be yellow, scaly, or crusted, and are often located near the hairline, behind the ears, or in the folds of the neck. Although seborrheic dermatitis can be unsightly, it is typically harmless and does not cause significant discomfort for most infants [4].

The condition is thought to result from an overproduction of sebum (skin oils) mixed with an overgrowth of *Malassezia* yeast, which naturally lives on the skin. In infants, seborrheic dermatitis often appears within the first few weeks of life and tends to resolve on its own as the infant grows and their skin's oil production stabilizes [5].

Newborns have overactive sebaceous glands, which produce more oil than necessary. This oil can contribute to the buildup of skin flakes and create a favorable environment for yeast growth, leading to seborrheic dermatitis [6].

Family history may also contribute to the development of seborrheic dermatitis. If a parent has a history of the condition or other skin conditions such as eczema, the infant may be more prone to developing seborrheic dermatitis [7].

The most common sign of seborrheic dermatitis in infants is the presence of yellowish, greasy scales or patches on the scalp. These scales can vary in severity from mild flaking to thick crusting. While seborrheic dermatitis is usually confined to the scalp, it can also appear in other areas [8].

Although seborrheic dermatitis can look concerning, it rarely causes discomfort or itching. However, in some cases, the affected skin may become red, inflamed, or cracked, which could lead to mild irritation [9].

While seborrheic dermatitis typically resolves on its own within a few months, treatment can help reduce the severity of symptoms and speed up the healing process. Start by gently washing the affected area with a mild baby shampoo or a gentle, fragrance-free cleanser. Avoid using harsh soaps or baby washes, as they can irritate the skin. Use a soft washcloth or your fingers to remove the scales gently without scrubbing too harshly, as this could cause discomfort or skin injury [10].

## Conclusion

Seborrheic dermatitis in infants, while common and often alarming for new parents, is usually a mild condition that resolves on its own with time. Through gentle cleansing, moisturizing, and possibly the use of mild antifungal or emollient treatments, most infants with seborrheic dermatitis experience significant improvement. Prevention focuses on maintaining good skin hygiene, avoiding overheating, and using gentle skincare products. If the condition becomes severe or resistant to treatment, a healthcare provider can offer additional guidance and care options. With the right approach, seborrheic dermatitis is a manageable condition, and most babies will grow out of it without lasting effects.

## References

1. Dessinioti C, Katsambas A. Seborrheic dermatitis: Etiology, risk factors, and treatments: Facts and controversies. *Clin Dermatol*. 2013;31(4):343-51.
2. Dall'Oglio F, Nascia MR, Gerbino C, et al. An overview of the diagnosis and management of seborrheic dermatitis. *Clin Cosmet Investig Dermatol*. 2022;1537-48.
3. Borda LJ, Perper M, Keri JE. Treatment of seborrheic dermatitis: A comprehensive review. *J Dermatol Treat*. 2019;30(2):158-69.
4. Schwartz RA, Janusz CA, Janniger CK. Seborrheic dermatitis: An overview. *Am Fam Physician*. 2006;74(1):125-32.
5. Clark GW, Pope SM, Jaboori KA. Diagnosis and treatment of seborrheic dermatitis. *Am Fam Physician*. 2015;91(3):185-90.

\*Correspondence to: Calla Wei, Department of Dermatology, University of Florida, USA, E-mail: [calla.wei@uchc.edu](mailto:calla.wei@uchc.edu)

Received: 1-May-2025, Manuscript No. aarcd-25-164971; Editor assigned: 5-May-2025, PreQC No. aarcd-25-164971 (PQ); Reviewed: 17-May-2025, QC No. aarcd-25-164971; Revised: 24-May-2025, Manuscript No. aarcd-25-164971 (R); Published: 31-May-2025, DOI: 10.35841/aarcd-8.3.269.

6. Gupta AK, Madzia SE, Batra R. Etiology and management of seborrheic dermatitis. *Dermatol*. 2004;208(2):89-93.
7. Johnson BA, Nunley JR. Treatment of seborrheic dermatitis. *Am Fam Physician*. 2000;61(9):2703-10.
8. Gupta AK, Bluhm R, Cooper EA, et al. Seborrheic dermatitis. *Dermatol Clin*. 2003;21(3):401-12.
9. Sowell J, Pena SM, Elewski BE. Seborrheic dermatitis in older adults: Pathogenesis and treatment options. *Drug Aging*. 2022;39(5):315-21.
10. Gupta AK, Richardson M, Paquet M. Systematic review of oral treatments for seborrheic dermatitis. *J Eur Acad Dermatol Venereol*. 2014;28(1):16-26.

**Citation:** Wei C. Seborrheic dermatitis in infants: Causes, treatment, and prevention. *Res Clin Dermatol*. 2025;8(3):269.