

Seborrheic dermatitis: is there room for systemic corticosteroids? *

Dermatite seborréica: ainda há espaço para corticoesteróides sistêmicos?

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We have read the Continuing Medical Education article about seborrheic dermatitis (SD) with great interest. This is a common dermatosis in dermatologic practice. Mild cases may be easily managed with topical medication, as detailed by Sampaio et al.¹ Nevertheless, recalcitrant moderate to severe patients may require systemic therapy. Itraconazole has been considered the treatment of choice due to its anti-inflammatory, lipophilic and keratinophilic properties, as well as reduced hepatotoxicity.²⁻⁴ Systemic corticosteroids (CS) have been less frequently cited in current national and international literature. However, they must be considered among the systemic options for SD treatment, usually in recalcitrant moderate to severe cases.⁵ Prolonged and/or frequent use should be avoided due to their well-known associated risks. Prednisone 0.5–1mg/kg/day (or equivalent) for a limited period and with gradual tapering is habitually the first option. We illustrate this with an immunocompetent male patient with severe SD (Figure 1) who did not show a satisfactory clinical response to topical therapy and was financially impaired to undergo treatment with oral azoles. After 15 days of prednisone 0.5mg/kg/day, he showed noticeable clinical improvement (Figure 2). Systemic CS was gradually tapered and maintenance treatment

with topical CS and antifungals prevented relapses. Therefore, we consider oral CS for the initial treatment of patients with exuberant and refractory SD and those for whom oral antifungals are contraindicated or do not reach satisfactory control of the dermatosis. We additionally highlight that phototherapy (Narrow Band UVB or oral psoralen plus UVA) must also be considered among the therapeutic options of SD.² □



FIGURE 1: Forty-three year old male patient presenting exuberant SD lesions: erythematous plaques, thick greasy scales and fissures on the face and scalp



FIGURE 2: Significant clinical improvement after 15 days of oral prednisone (0.5mg/kg/day)

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