Seborrheic Dermatitis and HIV

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This 27-year-old man complained that a facial rash of several years' duration had worsened during the past few months. Hypopigmented macules with scale were especially prominent on the eyebrows and in the nasolabial folds; a moderate amount of scale was noted on the scalp. The patient was seropositive for HIV.

Dr Raymond Kuwahara of Memphis, Tenn, diagnosed seborrheic dermatitis, a disease with no racial predilection that is often seen in older men. It is frequently a presenting sign of HIV infection and is found in up to 85% of infected persons.1 The association between seborrheic dermatitis and HIV was first reported in 1984.2

Seborrheic dermatitis affects areas of the body with abundant sebaceous glands: the eyebrows, nasolabial folds, scalp, and center of the chest are common sites. In the newborn, seborrheic dermatitis manifests as “cradle cap,” a condition characterized by scale and inflammation of the scalp. Daily use of topical selenium sulfide or ketoconazole shampoo is an effective treatment. Mild topical corticosteroids can be applied to severely affected areas for a short time. This patient used ketoconazole shampoo on his hair and face. Once the seborrheic dermatitis cleared, continued use of the shampoo, 3 times per week, controlled the condition.

REFERENCES:

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