

TOPICAL KETOCONAZOLE THERAPY IN A RECALCITRANT CASE OF SEBORRHOEIC DERMATITIS

B R Baishya

Ketoconazole 2% cream and 2% shampoo were found to be effective in controlling seborrhoeic dermatitis in a recalcitrant case. This topical ketoconazole therapy seems to be better than other conventional topical preparations prescribed in seborrhoeic dermatitis.

Key Words : Seborrhoeic dermatitis, Ketoconazole

Introduction

Seborrhoeic dermatitis is basically a constitutional diathesis, an inborn physiologic trait, that can be generally suppressed and it can be controlled but cannot be permanently cured. Ketoconazole has given us new fire power.¹ A recalcitrant case of seborrhoeic dermatitis is being successfully controlled with simple, effective topical therapy, which has been reported herewith.

Case Report

A 25-year-old man developed greasy, scaly lesions in the scalp, eyebrow, beard areas since 1990. He also developed, erythematous follicular, scaly lesions in the forehead alae of nose, nasolabial folds. Clinical feature along with 'seborrhoea-oleosa' confirmed the case clinically as seborrhoeic dermatitis. Other seborrhoeic areas in the body were free from any lesion.

He consulted dermatologists who prescribed local applications of retinoic acid cream, benzoyl peroxide cream, tar ointment, steroid cream. His lesions were aggravated by application of tar ointment, benzoyl peroxide cream. Steroid cream although showed initial response, discontinuation led to erythema and burning sensation of the face. He was also

prescribed azathioprine tab without any improvement.

In January 1996, his condition was reviewed. A specimen taken from nasolabial area and KOH mounting showed occasional arthrospores. He was advised to stop application of steroid. He was advised frequent washing of the face by water. Calamine lotion three times a day was prescribed. Initially he complained of uneasiness and discomfort in the face, but gradually he felt better. Along with calamine lotion he was asked to wash the scalp by ketoconazole (2%) shampoo once a week and application of 2% ketoconazole cream in the face twice a day. After one month his scalp lesions, facial erythema, scaling, follicular lesions disappeared by about 90%, and within 2 months his greasy, erythematous lesions disappeared completely. He was followed up for 4 months without any aggravation of lesions and during this follow up period he continued to apply calamine lotion twice a day and ketoconazole cream once a day in the evening.

Discussion

Frequent washing has been advocated as an essential measure in seborrhoeic dermatitis.² Similarly, application of calamine lotion has a profound drying effect in 'seborrhoea oleosa' and ketoconazole cream probably works better in dry skin; as has been

From the Department of Dermatology and STD, Gauhati Medical College, Guwahati-781032, India.

Address correspondence to : Dr B R Baishya



Fig. 1 Facial Seborrheic Dermatitis.



Fig. 2 After 1 month of 2% topical ketoconazole therapy.

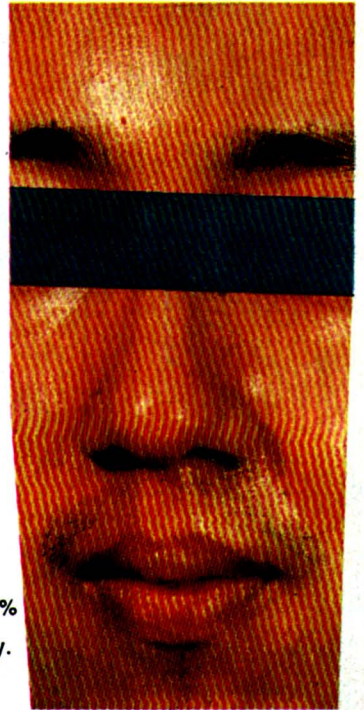


Fig. 3 After 2 months of 2% topical ketoconazole therapy.

observed in this case. 2% Ketoconazole shampoo shows better response in seborrhoea capitis (within 2 weeks) without any relapse even after discontinuation as has been observed in our case. Our observations are that the topical ketoconazole preparation should be the first drug of choice for effective control of seborrhoeic dermatitis and ketoconazole has really given us 'new fire power' to manage a case of seborrhoeic dermatitis.

Acknowledgement

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