

A Case Report On Seborrheic Dermatoses

Tanushri chute¹, Suhas Tiwaskar², Aniket Pathade³

1. Basic BSc dialysis therapy technician, Datta Meghe Institute of medical sciences swangi (deemd to be university) Meghe wardha, Maharashtra India.
2. Assistant Professor, MRIT (Medical Radiology and Imaging Technology), Department of Radiology, School of Allied Health Sciences, Datta Meghe Institute of Medical Sciences, Wardha, Maharashtra, India
3. Research Scientist, Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Sciences, Sawangi, Wardha, Maharashtra.
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Abstract

Aesthetic and aesthetic results. and occasionally feeds particular illnesses. Greasy hair has a matted appearance, lies in thick, flat masses, and is challenging to comb. Sebum coats and weighs down hair, making it adhesive and flattening it against the scalp. People with oily hair observe that, after wiping or even washing, the sebum layer is quickly restored, giving rise to the name "seborrhea" for this disease (from the Greek rhinos, river). The term "seborrhea" refers solely to the lipid synthesis and excretion that results from sebaceous gland activity. Although there may be some variation across both areas, the majority of seborrheic people have both a greasy scalp and a greasy forehead. Dermatitis neglecta is a condition that results from poor hygiene and is defined by the occurrence of hyperkeratotic plaques in a particular body part, frequently as a result of a handicap. This illness can mimic other conditions, making diagnosis challenging. We describe the case of an 18-year-old woman who has a progressing brown verrucous plaque on her face that has been present for two months. She had seborrheic dermatitis, which is how we initially diagnosed her, and we treated her with 1% topical hydrocortisone and facial washing soap. She returned a month later with fresh lesions. As a result, we were diagnosed with Darier's disease rather than seborrheic or foliaceous pemphigus. Studies on immunofluorescence and histopathology supported seborrheic dermatitis.

The patient refused to wash her face and complained of social seclusion and despair. The diagnosis of dermatitis neglecta was verified when facial washing was done during the appointment while the lesions were showing signs of remission. Dermatitis neglecta is a disorder that is frequently misdiagnosed because of the vast variety of differential diagnoses it has, including hyperkeratotic syndromes. Early detection is crucial, and aggressive approaches to diagnosis and therapy should be avoided.

Keywords: sebum, seborrheic, dermatitis, rashes, antisebhorrheic.

Introduction & Background:

Seborrhea is excessive production of from sebaceous gland. Seborrheic dermatitis is a persistent skin inflammatory disorder that often affects specific skin regions (1). that are abundant with sebaceous glands or that are located between skin creases where there are many bacteria.

Clinical and biochemical imbalances linked to the presence of malignancies, as well as hormonal, neurological, or haematological problems, may all be categorised as paraneoplastic diseases. These conditions have no direct relationship to primary tumour invasion or metastasis. Skin symptoms can help diagnose neoplasia early and improve prognosis if they are promptly recognised. One of the cutaneous findings is the unusual and controversial Leser-Trélat

sign, which is characterised by the sudden appearance and/or increase in number and size of seborrheic keratoses in connection with an internal tumour.

The sweat gland is responsible for the majority of the skin's secretory activity, which serves to control body temperature. Sweat glands aid in the regulation of body temperature.

Sebaceous glands are typically widespread and can be seen on the face, scalp, eyebrows, eyelids, upper lip, cheeks, and malar axillae. Seborrheic dermatitis is a skin condition that affects the area beneath the breast, buttocks, and groin. Seborrhea is an overproduction of sebum (secretion of the sebaceous gland) with a preference for areas with many sebaceous glands or areas between skin creases where germs thrive. Seborrheic dermatitis may spontaneously clear up. Cleaning with a mild soap and shampoo every day can prevent oiliness and the buildup of dead skin. Seborrheic psoriasis is another name for dandruff, seborrheic eczema, and seborrheic dermatitis. Neonates with cradle cap experience crusty, scaly sores on their heads.

CASE PRESENTATION:

In this case, 20 years male has come to the outpatient department with complaints of radiating rashes towards the neck and secretion of pus with oily skin from 1 month in history collection he is not having any kind of past medical histories like Diabetic Meletus, hypertension and any kind of cardiac diseases, he also not having any kind of communicable diseases such like AIDS, hepatitis, tuberculosis, he not having any signs of any past surgical history presently the patient underwent investigation like blood investigation, pus culture and with the physical examination. And receiving symptomatic treatment of the disease condition, the patient is a residence of Hinganghat, dist. Wardha is a member of his nuclear family and there is not any kind of genetic problems in his family as well as no kind of communicable disease found in the history collection

male has come in OPD with complaints of rashes on the face with the secretion of pus and excessive oil secretion from 1 month with increasing rashes The patient was aware and did not have a history of hypertension or diabetes. oriented with normal posture and gait, an investigation was done for further management. Seb shampoo with subsidy was advised to the patient.

CLINICAL FINDINGS:

The patient underwent the investigation follows as Hb%- 13.1, mean corpuscular hemoglobin concentration(MCHC)-33.2, Total RBC Count-5.52, Total WBC count-5700, platelets-1.25, The total platelet count per microliter of blood was 2.14, the mean corpuscular volume was 79.1 fl, and the mean corpuscular hemoglobin was 25.1 picograms. Monocytes 3, Granulocytes 65, Lymphocytes 30, Eosinophils 2, Basophils 0, and pus culture were planted as streptococcus aureus growth.

MEDICAL MANAGEMENT:

On examination: determine the vitals parameters such as heart rate, respiration, blood oxygen saturation, blood pressure, and temperature. And physical examination was done head to toe to find out any abnormalities as well as a blood investigation like RBC count, Hb estimation, and pus culture, with health, educate the patient about the disease condition and follow up with taking medication. The patient is instructed to use soap to wash and clean their face. Seb shampoo with subsidy soap was advised to the patient. 5-10 times a day and apply dry it with a clean cloth and apply moisture

DISCUSSION:

Seborrheic dermatoses are a common inflammatory skin disease characterized by On the scalp, face, and body folds, which have a lot of sebaceous glands, and papulosquamous morphology is seen. The condition's bimodal occurrence is reflected in the infantile (ISD) and adult (ASD) versions(2-10).

SD is a prevalent dermatological condition that affects people all around the world. Its prevalence rises at three different ages and peaks between the ages of 40 and 60 during puberty, (3) the first three months of life, and as people get older and in maturity. Up until three months of age, newborns with SD experience scalp problems (also known as "cradle cap")(4). The face, as well as the diaper area. Up to 42% of people are affected in both adolescents and adults(5-15), SD affects the scalp, as well as other seborrheic areas of the face, upper chest, axillae, and inguinal folds(6). The overall adult population is affected to a degree of 1-3%. In all age categories, men are more likely than women to be afflicted (3.0% vs. 2.6%), implying that sex hormones like androgens may be responsible for SD. The incidence of SD did not differ significantly between ethnic groups(16-26).

CONCLUSION: In their case study, the authors show how a patient with papulopustular rosacea and facial seborrheic dermatitis reacted well to a single topical medication, an oral medication, and the inclusion of a simple skin care regimen . This trial included the use of AzA gel 15% twice daily, isotretinoin 40mg twice weekly, skin care instruction, a light skin care regimen, and photoprotection. Utilizing medications with therapeutic benefits for many skin issues in a patient could reduce the overall number of medications needed, simplifying treatment and lowering the cost of therapy.

In this instance, the patient's rosacea and seborrheic dermatitis were treated with isotretinoin, which is prescribed for the treatment of severe persistent nodular acne. AzA 15% gel, a drug authorised for the treatment of papulopustular rosacea, has a range of qualities, including anti-inflammatory, antibacterial, anti-keratinizing, comedolytic, antioxidant, and anti-tyrosinase activities. Some of these properties may be useful in the treatment of both papulopustular rosacea and seborrheic dermatitis. Acne vulgaris and hyperpigmentation are two additional possibly coexisting common facial illnesses for which AzA may be therapeutically useful.

INFORMED CONSENT.

The consent was taken before writing the case report, and all explanation was explained.

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