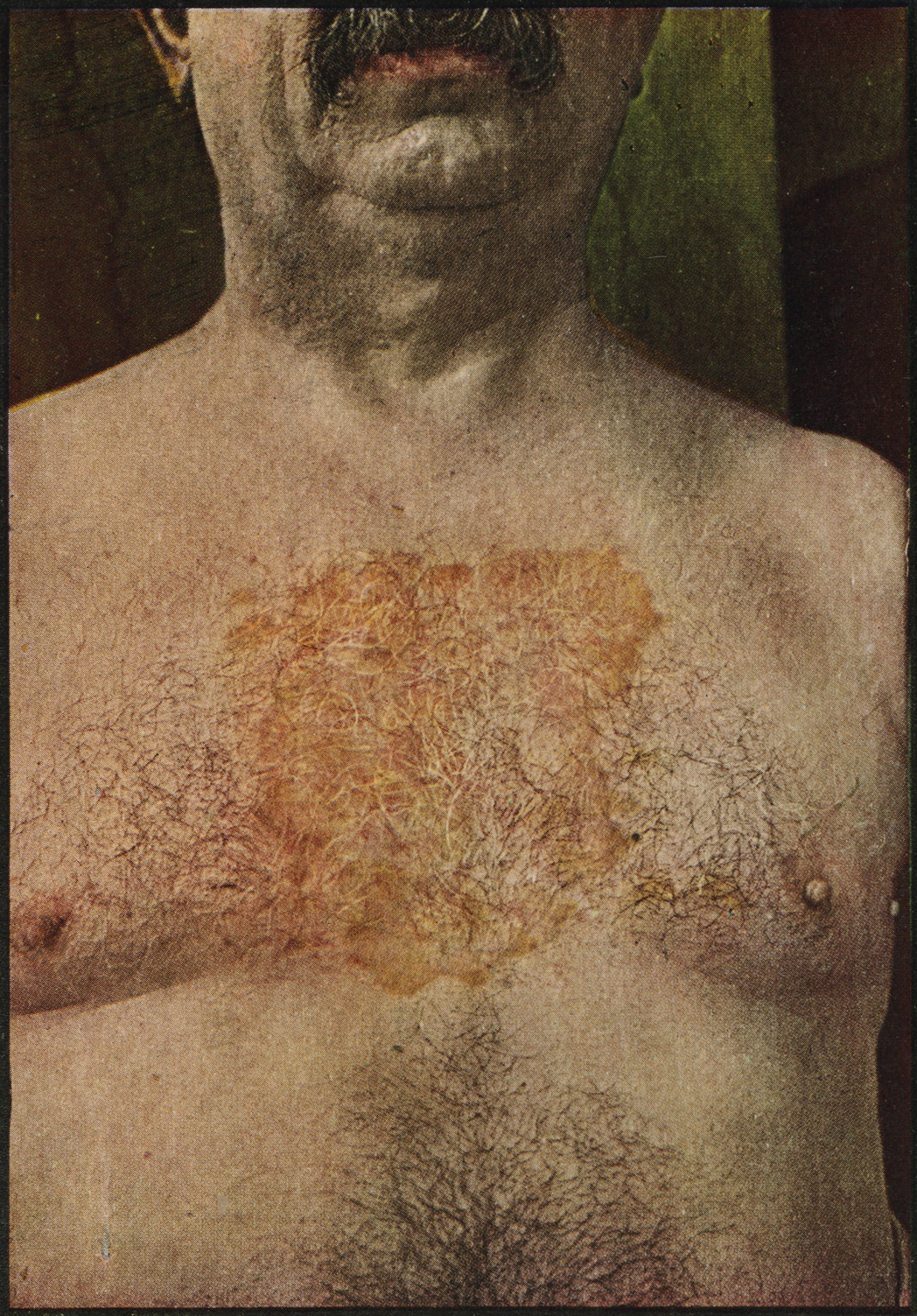

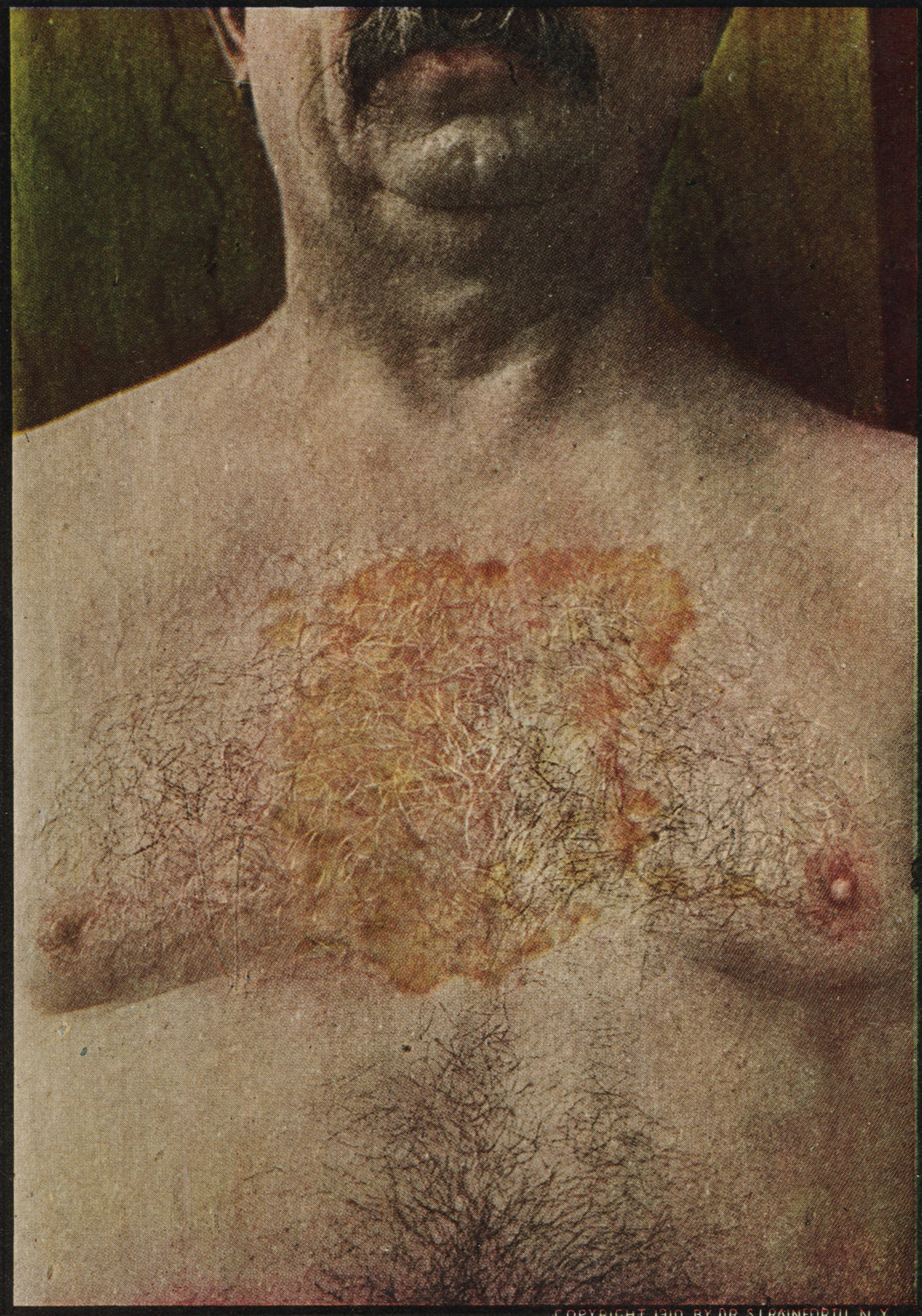

ECZEMA SEBORRHOICUM STERNI

Synonym: Dermatitis seborrhoica.

Eczema seborrhoicum is a combination of dermatitis and seborrhoea. The seborrhoea manifests itself as a general oiliness of the skin, especially of the face and scalp, or by the formation of dandruff in the latter situation. Adherent, dirty gray or yellowish, greasy scales, composed of epithelial debris and sebaceous material, are very apt to form and are nearly always accompanied by more or less inflammation of the adjacent skin. The association of these two is characteristic of eczema seborrhoicum. Sometimes little plugs which extend into the patulous sebaceous ducts can be made out on the under surface of the scales. On the scalp the disease may be irregularly diffused, but often in that location and most commonly upon the face and trunk the lesions are fairly sharply circumscribed round or oval patches, from ⅛ to 1 inch or more in diameter. They are of a characteristic yellowish red, and the redness is frequently more pronounced at the periphery, as is the scaliness, so that the lesions often appear ringlike, though they seldom clear up entirely at the center. They may coalesce and the borders form gyrate figures or the patches themselves may have a somewhat segmental arrangement. There is rarely any palpable infiltration of the skin. Next to the scalp the favorite location of the lesions is upon the chest over the sternum or on the back between the scapulae. They occur frequently upon the face, especially in the geno-nasal sulci, also on the forehead in the eyebrows and on the bearded region in men. In the axillary and genito-crural folds, on account of the maceration, patches assume more the appearance of ordinary eczema. Not very often the disease becomes general and the macules are found widely scattered, though usually more profusely on the upper half of the trunk. The lesions are practically never present on the body without some evidence of the disease existing at the same time on the scalp. The disease is very persistent, but varies in its distribution and severity. It occurs in both sexes and at all ages. Itching is the only subjective symptom and is rarely troublesome. The disease is probably parasitic and contagious. **DIAGNOSIS:** Patches of ordinary *eczema* are more inflamed, more red and less yellow, much more infiltrated, rarely sharply marginate, often moist, never greasy; they rarely have the typical distribution of eczema seborrhoicum, are not necessarily associated with seborrhoea of the scalp, and the itching is much more intense. *Pityriasis rosea* has an acute onset and runs a self-limited course. It rarely involves the face, never the scalp and seldom occurs just over the sternum; the lesions do not assume segmental arrangement; they are dry, sometimes crinkly, and salmon color rather than yellow; the scales are not greasy. *Psoriasis* has a predilection for extensor surfaces, especially the knees and elbows; the scales are more plentiful, dry and silvery white and the patches are bright red. **TREATMENT:** There is practically no permanent cure, but by constant care the disease may be reduced to a mild seborrhoea which can be held in check. Sulphur—one drachm to the ounce of unguentum aquae rosae—is the most reliable remedy. It may be applied daily at first and then at longer and longer intervals as the condition improves. If any irritation is produced the amount of sulphur should be reduced. The addition of 3 per cent salicylic acid sometimes adds to the efficacy of the ointment. Resorcin, 3 to 10 per cent, in vaselin, or as a lotion in dilute alcohol, is also valuable.