
Scalp Eczema

A neglected site: Atopic eczema can occur anywhere on the body including the scalp and this is an area which does not always get the attention it may need. Scalp eczema can be very itchy and is often visible. Scalp eczema may appear as mild dryness, with fine scales like dandruff, right through to red inflamed areas with marked dryness or scabs from scratching. Secondary infection with painful pus spots may also be a problem. Areas may be weepy. The skin may become very thickened or “leathery” from constant rubbing and scratching and there may be some hair loss which is not permanent.

What is cradle cap? This refers to thick greasy scales on the top of the scalp that is present in babies. It is common, and in its mild form, it goes away after several weeks of its own accord when the scalp is gently washed. A more stubborn form of cradle cap can occur with another type of eczema called seborrhoeic dermatitis. It is not itchy. Older children with seborrhoeic dermatitis of the scalp scale may develop thick scales which get stuck to the base of the hair shafts, causing them to clump together. Dermatologists call this appearance pityriasis amiantacea: <http://www.dermnet.org.nz/scaly/pityriasis-amiantacea.html>

Caring for Scalp Eczema and Cradle Cap

We advise not using any shampoos on those under one year of age. If your child has eczema and a cradle cap type scale on the scalp use an emollient product to soften the scale in the scalp. Massage the cream or ointment into the scalp before you plan to bath your child. Allow it to soak in and then gently remove the scales by rubbing or brushing gently in a circular motion with a soft brush. This may need to be done a few times over several days to remove all the scale and then be part of your routine to keep on top of things. You can buy specific cradle cap shampoos and lotions to dissolve scale which can also be helpful.

Questions about scalp eczema

Q1 Should I use olive oil on my babies head?

We do not recommend olive oil because it may irritate atopic skin. Research studies have shown that olive oil contains oleic acid which can disrupt the skin barrier.

Written by Professor Hywel Williams, Dr Jane Ravenscroft, Nurse Consultant Sandra Lawton, Dr Jothsana Srinivasan, Dr Ting Seng Tang and parents on behalf of the Nottingham Support Group for Carers of Children with Eczema

Website – www.nottinghameczema.org.uk

email – enquiry@nottinghameczema.org.uk

© 2018 All rights reserved. No part of this publication may be reproduced in any form or by any means without prior permission in writing from Paediatric Team, Queen’s Medical Centre, Nottingham University Hospitals NHS Trust, Nottingham, NG7 2UH

Page 1 Ref: 11SCAL0118 Reviewed January 2018

Q2 I have removed all the dry skin and scale but my son is still scratching his head. What should I use?

For scalp eczema, the treatment is similar to other body areas. Topical corticosteroids should be applied for 3-7 consecutive days to reduce inflammation. There are preparations specially designed for treating the scalp and they usually come in the form of gels, mousses or lotions. Your eczema team will give you further advice regarding these.

Q3 The scalp is looking very red and weepy, why is that?

A very red and weeping scalp may be caused by secondary infection. This may need more aggressive treatment of the underlying eczema (i.e. stronger and longer treatment) and sometimes, your child might need a course of oral antibiotics. So please contact your doctor or eczema team for advice

Q4 I am really worried about using head lice treatments in case they make my child's eczema worse?

In children, a very itchy scalp can also be a sign of head lice and they should be checked for head lice by wet combing with a nit comb and the emollient ointment with which you generally wash your child's skin. Using conditioner may irritate their scalp. If you do find live head lice you can apply the emollient cream or ointment to the scalp either overnight within a shower cap or for a few hours prior to bathing. You then need to wash the hair with warm water and emollient and gently comb the hair wiping the comb on some kitchen towel. This process will also make it easier to see the lice. The emollient ointment or cream will suffocate the head lice. Some over the counter products have the same effect of suffocating the head lice. Others are insecticide based and could irritate your child skin and may not be suitable if they also have asthma. Discuss this with your eczema/ asthma team. Continue to use the emollient at least weekly to remove the eggs and detect small head lice. Any remaining scalp inflammation needs treatment with a corticosteroid scalp application.

Q5 Can I use a shampoo for my child now they are one year old and which one is best?

National guidance advises not to use a shampoo under one year of age. If using your emollient suits your child there is no need to change. If you feel you want to use a shampoo, try not to let it run onto the body in the bath or shower, as it may dry and irritate the more delicate skin and eczema on the body. Further information is available for the National Eczema Society: <http://www.eczema.org/documents/697>

Q6 Is hair dyeing a problem for those with eczema?

Hair-dye products contain a wide range of chemicals and almost any of these could trigger reactions:

- Irritant Reactions local irritation will tend to affect the scalp, neck, forehead, ears and eyelids;
- Allergic reactions-generalised symptoms may include more widespread itching, urticaria (nettle rash), general unwellness or, rarely, anaphylaxis.

In general non-permanent hair dyes cause less reactions than permanent ones, but are by no means a safe option. Vaseline around the hairline, neck and ears stops the dye staining and helps to protect the skin.

Written by Professor Hywel Williams, Dr Jane Ravenscroft, Nurse Consultant Sandra Lawton, Dr Jothsana Srinivasan, Dr Ting Seng Tang and parents on behalf of the Nottingham Support Group for Carers of Children with Eczema

Website – www.nottinghameczema.org.uk

email – enquiry@nottinghameczema.org.uk

© 2018 All rights reserved. No part of this publication may be reproduced in any form or by any means without prior permission in writing from Paediatric Team, Queen's Medical Centre, Nottingham University Hospitals NHS Trust, Nottingham, NG7 2UH

Page 2 Ref: 11SCAL0118 Reviewed January 2018