

# 15 and Going Gray

**A** 15-year-old African-American boy is brought in by his family for evaluation of a condition that began several months ago. Despite multiple attempts at treatment, the uniform but partial depigmentation of the skin around his nose persists. It is made obvious by his type V skin, extending up into the glabellar area and into both eyebrows.

Fine but definite scaling is confined to the depigmented areas. There is heavier white to gray scaling on his frontal scalp, and light scaling in and behind both ears. His elbows, knees, and nails appear normal. He is asymptomatic and in excellent health otherwise, but he considers his condition “unsightly and embarrassing.”

More history-taking reveals that around the time this problem manifested, he was facing the threat of a one-year suspension from school for disciplinary reasons.

### The most likely diagnosis is

- a) Psoriasis
- b) Vitiligo
- c) Fungal infection
- d) Seborrheic dermatitis

### ANSWER

The correct answer is seborrheic dermatitis (choice “d”).

Psoriasis (choice “a”) can manifest in a similar fashion but



would also appear elsewhere (eg, the elbows, knees, or nails). The scaling seen with psoriasis is usually white on a salmon-colored base and much coarser.

Vitiligo (choice “b”) presents with total, porcelain-white depigmentation and is not scaly at all; this patient’s loss of pigment was only partial.

Rashes like this are often thought to be fungal, but a fungal infection (choice “c”) is rarely seen on the face and would not demonstrate this exact pattern.

### DISCUSSION

Seborrheic dermatitis (SD) is an extremely common papulosquamous skin condition that manifests primarily in oil-rich areas, such as the central face, scalp (dandruff), and in and behind the ears. On white skin, it yields a pinkish-brown scaly rash, but on darker skin, SD causes partial de-

pigmentation—sometimes to an alarming extent. The distribution in this case is typical, with nasolabial, glabellar, ear, and brow involvement.

SD might be caused by a number of factors, some related to climate or genetics. One prevailing theory is that it involves an inflammatory reaction resulting from commensal yeast organisms (*Malassezia furfur*) feeding on sebum. In this case, the contribution of stress was clear.

### TREATMENT/PROGNOSIS

Treatment comprised daily use of ketoconazole shampoo on the scalp and face and a topical ketoconazole cream. The condition cleared within two weeks. Although the chances of a recurrence are quite high, the patient is now armed with information and products to avoid the worst effects. **CR**



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