

## **Headstrong Seborrheic Dermatitis**

Mark V. Dahl, MD reviewing Ghodsi SZ et al. Am J Clin Dermatol 2015 May 28.

Pulsed doses of systemic itraconazole (200 mg/day for two consecutive days each month) effectively treat moderate-to-severe seborrheic dermatitis and maintain remissions.

Seborrheic dermatitis often responds promptly and well to treatment with antiseborrheic shampoos and topical corticosteroids, but sometimes it persists. Because the disorder may involve *Malassezia* sp. infection or colonization, treatment with topical or systemic antifungal agents often helps. Pulsed doses of oral itraconazole often help, too, but trials of this agent have not included control groups or blinded protocols.

To test the benefits of pulsed-dose itraconazole, investigators completed a randomized, placebo-controlled, double-blind clinical trial in 68 subjects with moderate-to-severe seborrheic dermatitis. Patients had Seborrheic Dermatitis Area and Severity Index (SDASI) scores of 4; involvement of three or more anatomic sites; and recurrent disease, disease unresponsive to conventional topical therapy, or both. In phase 1, participants applied hydrocortisone cream 1% once daily and ketoconazole cream 2% twice daily and received either itraconazole 200 mg or placebo daily for 1 week. There was no difference between groups at the end of week 2 ( $P=0.023$ ), although 88% of all patients were improved compared with baseline.

Starting 1 month later, oral itraconazole 200 mg/day or placebo was given on the first 2 days of each month (400 mg/month) for 3 months. No therapeutic shampoos or treatments were routinely allowed during this phase, but patients could use them for 3 days as rescue therapy after informing the study coordinator. After 3 months, itraconazole recipients had better SDASI scores than placebo recipients ( $P<0.001$ ). All study-period recurrences developed in the placebo group ( $P=0.003$ ).

### **Comment**

Pulsed doses of systemic itraconazole (200 mg/day for 2 consecutive days each month) effectively treated moderate-to-severe seborrheic dermatitis and maintained remissions. These findings confirm previous open-study results. Itraconazole is both keratophilic and lipophilic, meaning it is delivered to the skin surface in sebum and resides in a skin reservoir. The persistence in skin for weeks after dosing explains its prolonged effects.