

THINGS YOU DIDN'T KNOW ABOUT SEBORRHEA

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Abstract: *Seborrhea is a disease characterized by inflammation of the sebaceous glands. It is often associated with seborrheic dermatitis. In children, seborrhea usually occurs on the scalp. This article will provide you with the skills and knowledge to understand the causes of seborrhea and its treatment.*

Keywords: *Seborrhea, seborrheic dermatitis, Pityrosporum ovale, puberty*

Seborrhea is a dysfunction of the sebaceous glands, accompanied by quantitative and qualitative changes in the skin sebum. During puberty, as a result of active secretion of the sebaceous glands, sebum is secreted excessively and oily areas of the skin (seborrheal) are affected: the face, scalp, inter-auricular areas, shoulder girdle and chest. In patients with skin sebum, the content of free fatty acids decreases, the cholesterol content increases, and the pH of the sebum changes. Pathogenesis. Seborrhea is observed in patients with the following changes:

- hormonal imbalance of the sex glands;
- functional disorders of the nervous system;
- hypovitaminosis, monotonous nutrition;
- diseases of the gastrointestinal tract;
- focal infection and other diseases.

The main types:

- oily - seborrhoea oleosa,
- dry - seborrhoea sicca,
- mixed - seborrhoea mixta.

Seborrheal areas become oily and shiny; the ends of the sebaceous glands become enlarged, and unreleased oil accumulates in them, thickens, and eventually takes on the appearance of blackheads and forms comedones. As a result of cleansing the skin or squeezing the comedones, a white, worm-like secretion is released, one end of which looks like a black “head”. If the sebaceous secretion remains at the ends of the excretory ducts of the sebaceous glands for a long time, the sebaceous glands act on the walls of the excretory ducts, causing them to narrow, which in turn leads to a cyst of the sebaceous gland. Whiteheads (milia) are small cysts of the sebaceous glands, slightly raised above the surface of the skin, the size of a needle tip. Large cysts are formed in



very active areas of the sebaceous glands and are called atheroma (atheroma ata). The hair of patients with seborrheic dermatitis quickly becomes greasy, shiny and sticky, and oily plaques - dandruff - form on the skin. Patients with seborrheic dermatitis (in men) develop baldness (alopecia) or acne (acne vulgaris).

Symptoms in the diagnosis of the disease.

The appearance of clear main signs (skin appearance) in people with seborrheic dermatitis, the presence of numerous acne, comedones and other comedones plays a key role in making a diagnosis.

Differential diagnosis:

- Acne oleosa;
- Psoriasis vulgaris;
- Eczema seborrhoeicum.

Wash the skin with special neutral soaps, cleanse with lotions (Camphor, sulfur-containing Selsun R, Sulfacet-R, etc.). Treatment includes: treatment of endocrine changes, diet (reducing consumption of sweets, fatty, spicy, salty foods, alcoholic beverages), maintaining normal nervous activity, treatment of gastrointestinal diseases, correction of vitamin imbalance (long-term intake of vitamins A and E, prescribing vitamins B, C), etc.

Seborrheic dermatitis - a skin disease characterized by diffuse dandruff on the background of erythematous skin of the scalp, face, ear areas, shoulders, and scapula. Etiology. Not fully studied. The fungus *Pityrosporum ovale* is considered the causative or provoking factor. Clinic. Yellowish-reddish spots and nodules appear on the scalp, behind the ears, on the forehead, in the folds of the lips and nose, between the mammary glands and between the shoulders and shoulder blades, which expand and form round, oval, coin-sized foci with a scaly surface. The flakes are sparse, brown, brownish-yellow in color, and when scraped off, moisture and small pinpoint hemorrhages (Brook's symptom) are observed in their place. In infants, this process spreads to the skin of the face, neck, and abdominal folds, manifesting as advanced erythema and scaly lesions. In some cases, it is observed on the head, cheeks, and eyelids. The injured skin itches and a large amount of *Pityrosporum obale* is detected.

Examination methods:

1. Characteristic clinical picture.
2. Laboratory tests.

Differential diagnosis:

- Psoriasis vulgaris;
- Pityriasis rosea Gibert;

- Lupus eruthematodes;
- Papulae syphilitica.

The following are mainly used in treatment. Local treatment (main):

- fungicidal agents (2% Nizoral cream, Nizoral shampoo);
- disinfectants (2-5% sulfur, salicylic cream, 2-5% ichthyol paste);
- weak corticosteroid creams, short-term (1% hydrocortisone cream).

General treatment:

- antihistamines (terfena, hismanal, 1 tablet per day, per os);
- vitamin therapy (Aevit, group B).

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