Seborrheic Dermatitis and Daylight

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Patients with mood depression have been found to have a higher prevalence of seborrheic dermatitis (SD), possibly related to their tendency to live indoors. The prevalence of outpatients with SD has now been found to be directly related to the number of gloomy days in the area. Since UV light might not be the only reason for the well-known improvement in SD in summer, an explanation possibly related to melatonin is envisaged.

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Patients with mood depression have been found very recently to have a high prevalence of seborrheic dermatitis (SD) (1). To explain such a relationship, the well-known beneficial role of sunlight on SD has been recalled: depressed patients, like neurologic patients prone to develop SD, tend to live indoors, avoiding sun exposure (1).

We studied the possible relationship between sunlight and prevalence of SD.

PATIENTS AND METHOD

The SD outpatients who attended our Department in 1989 for a first visit were registered each month and their prevalence over the whole outpatient population was compared with the average number of gloomy hours per day per month in the Genoa area as obtained from the Azienda Autonoma di Assistenza al Volo at Genoa Airport.

The gloomy hours were those in which the sky vault was entirely covered by clouds and included the hours after sunset.

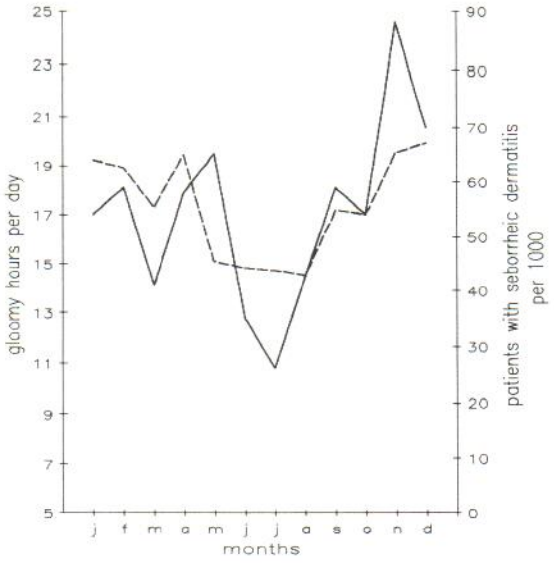

Fig. 1. Relationship between average number of gloomy hours per day and the number of first visits of outpatients with seborrheic dermatitis to the Department of Dermatology in Genoa, 1989. ---, gloomy hours; ——, patients.

RESULTS AND DISCUSSION

Fig. 1. depicts the fairly strict relationship between the number of gloomy hours per day per month and the prevalence of SD outpatient visits.

SD is well known to improve or even heal in summer; what is not clear is which wavelength of sunlight is really beneficial. Ultraviolet light has recently been claimed to be able to heal SD. However, SD improves in summer even on the scalp, a region protected from the light by hair. The effect of visible light, therefore, should be also envisaged. Visible light, however, cannot act other than through a humoral factor via the retina. Which factor may be involved in SD is difficult to establish.

A recurrent major depressive illness, the seasonal affective disorder (SAD), is known to occur in the winter, while in summer the patients are either well or suffer mania or hypomania. Treatment with bright artificial light reduces the severity of SAD by 70–80% (3) and the suppression of melatonin secretion, which humans experience when exposed to bright light, has been held responsible for such improvement (4).

A relationship between melatonin secretion and sebum output (and consequently *P. ovale* growth) has never been investigated, but it seems worth undertaking such a study. Whenever studied, sebum production has been found increased in patients who spend much of their life indoors, such as those with spinal injury or severe Parkinson's disease. In addition, the triglyceride component of cerumen, the product of sebaceous-like glands, diminishes in summer (5) and ultraviolet light is very unlikely to affect the earwax output.

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REFERENCES

1. Maietta G, Fornaro P, Rongioletti F, Rebora A. Patients with mood depression have a high prevalence of seborrhoeic dermatitis. Acta Derm Venereol (Stockh) 1990; 70: 432–434.
2. Wikler JR, Janssen N, Bruynzeel DP, Nieboer C. The effect of UV-light on Pityrosporum yeasts: ultrastructural changes and inhibition of growth. Acta Derm Venereol (Stockh) 1990; 70: 69-71.
3. Terman M, Terman JS, Quitkin FM, McGrath PJ, Stewart JW, Rafferty B. Light therapy for seasonal affective disorder; a review of efficacy. Neuropsycopharmacology 1989; 2: 21–22.
4. Lewy AJ, Wehr TA, Goodwin FK, Newsome DA, Markey SD. Light suppresses melatonin in humans. Science 1980; 210: 1267–1269.
5. Cipriani C, Taborelli G, Gaddia G, Melagrana A, Rebora A. Production rate and composition of cerumen: influence of sex and season. Laryngoscope 1990; 100: 275–276.