



[Authoritative facts](#) about the skin from the [New Zealand Dermatological Society Incorporated](#).

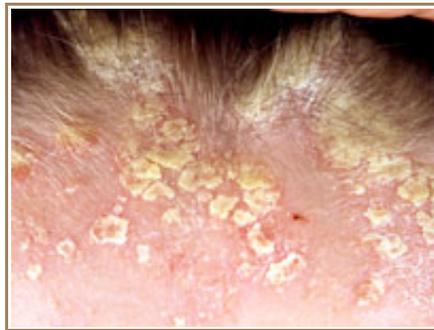
[Home](#) | [Scaly skin conditions](#) |  [Scalp psoriasis: PDF 84 KB](#)

Scalp psoriasis

Scalp psoriasis may occur in isolation or with any other form of psoriasis. The back of the head is a common site but multiple discrete areas of the scalp or the whole scalp may be affected. Scalp psoriasis is characterised by thick silvery white scale on patches of very red skin. It may extend slightly beyond the hairline. Scalp psoriasis, even though often adequately camouflaged by the hair, is often a source of social embarrassment due to flaking of the scale and severe 'dandruff'. Scalp psoriasis may not cause any symptoms at all or may be extremely itchy. It tends to be a chronic problem, lasting many years.

In very severe cases there may be some temporary mild localised hair loss but scalp psoriasis does not cause permanent balding.

Scalp psoriasis



[More images of scalp psoriasis ...](#)

Sebo-psoriasis

Sebo-psoriasis is an overlap between psoriasis and another common skin condition, [seborrhoeic dermatitis](#). There tends to be less silvery scale than psoriasis and more yellowish, greasy scale. It also tends to localise to the scalp, face and anterior chest in a similar pattern to that seen in seborrhoeic dermatitis. Sebo-psoriasis has a deeper red colour, more defined margins and a thicker scale than typically seen in seborrhoeic dermatitis alone.

Pityriasis amiantacea

Pityriasis amiantacea is a condition of the scalp characterised by thick, yellow-white scales densely coating the scalp skin and adhering to the scalp hairs as they exit the scalp. They are arranged in an overlapping manner like tiles on a roof or flakes of asbestos, hence the name. The underlying scalp skin may appear normal, aside from the scale, or may be reddened or scaly. Pityriasis amiantacea is often present without any obvious underlying cause, but may be associated with psoriasis, [lichen simplex](#) or seborrhoeic dermatitis.

Pityriasis amiantacea usually affects only part of the scalp but may occasionally involve the whole scalp. Young girls may have localised pityriasis amiantacea extending into the scalp from areas of chronic fissures in the skin behind the ears. It may extend from an area of lichen simplex of the scalp.

Some hair loss is common in areas of pityriasis amiantacea but hair regrows normally if the condition is

effectively treated. This hair loss is sometimes aggravated by the difficulty in combing the hair due to the very adherent, thick scale at the base of the hair shafts. If additional complications such as infection occur then hair loss may be associated with scarring and be permanent.

The term "tinea amiantacea" is incorrect, because fungal infection, [tinea capitis](#), is a very rare reason for this type of scaling.

Scalp care

Scalp psoriasis requires slightly different regimes from psoriasis affecting the skin elsewhere. This is due to hair, which makes application of many topical products difficult and protects the scalp from the effects of ultraviolet light. Unfortunately, many scalp treatments for scalp psoriasis are messy and smelly. Most treatments will need to be used regularly for several weeks before a benefit is seen.

Special medicated [shampoos](#) can be purchased from the chemist.

- [Coal tar](#) shampoos are suitable for most patients with scalp psoriasis
- [Ketoconazole](#) shampoo is effective for dandruff, seborrhoeic dermatitis and sebopsoriasis

The shampoos work best if rubbed into the scalp well, and left in for 5 or 10 minutes and then reapplied. They are safe for daily use but may irritate if applied more than twice weekly. If you dislike the smell of [coal tar](#), try shampooing again with a favourite brand, and use a conditioner.

More severe cases require leave-on scalp applications.

- Alcohol-based [topical steroid](#) and [calcipotriol](#) lotions can reduce itch but don't lift scale very well. Use topical steroids intermittently; overuse results in more extensive and severe psoriasis.
- [Salicylic acid](#) and [coal tar](#) creams work much better, but are messy. Coconut oil compound ointment is a combination of coal tar, salicylic acid and sulphur and seems particularly effective. Leave on for at least an hour and shampoo off later. Most people rub the cream into the plaques at night and wash it off in the morning.

Use the scalp preparation daily at first then as the condition improves, reduce the frequency. Unfortunately in many cases the scale soon builds up again, so the creams may have to be applied regularly to keep the scalp clear.

Cutting hair short helps control scalp psoriasis, probably by making the treatments easier to apply, but is not appealing to everyone.

Related information

On DermNet NZ:

- [General information about psoriasis](#)
- [Chronic plaque psoriasis](#)
- [Flexural psoriasis](#)
- [Guttate psoriasis](#)
- [Palmoplantar psoriasis](#)
- [Nail psoriasis](#)
- [Palmoplantar pustulosis](#)
- [Pustular psoriasis](#)
- [Erythrodermic psoriasis](#)
- [Psoriatic arthritis](#)
- [Treatment of psoriasis](#)

Other websites:

- [Scalp psoriasis](#) - The Psoriasis Association (UK)

- [Scalp psoriasis](#) – National Psoriasis Foundation (US)

Books about skin diseases:

See the [DermNet NZ bookstore](#)

Author: Dr Amy Stanway, Department of Dermatology, [Health Waikato](#)

DermNet does not provide an on-line consultation service.

If you have any concerns with your skin or its treatment, see a [dermatologist](#) for advice.

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