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From Persistent Scalp Scaling to Clinical Stability: A Longitudinal Case Report of Sebopsoriasis in an Adolescent

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ABSTRACT

Background

Sebopsoriasis is a chronic inflammatory dermatosis occurring in seborrhoeic areas and showing overlapping clinical features of seborrhoeic dermatitis and psoriasis. The condition may follow a relapsing course, with erythematous plaques, scaling and pruritus that can fluctuate with environmental factors.

Case Presentation

A female adolescent from Delhi, studying in the 12th standard, presented with scalp lesions since 2021. The condition initially appeared as a small itchy patch over the left temporal region and subsequently became more prominent over the left parietal scalp. Clinical examination revealed erythematous plaques with well-defined borders, increased skin thickness and scaling, with moderate-to-severe itching. Symptoms were reported to worsen during winter and improve during summer. The patient had previously used topical allopathic preparations. Associated gastrointestinal complaints included longstanding intermittent constipation, hard round stools, sour eructations, heartburn and occasional periumbilical pain.

Outcome

At follow-up on 9 July 2026, the patient reported no significant change in the skin condition, although a few new plaques were observed over the scalp, right wrist and right leg. By 30 July 2026, older patches remained stable without new areas, while constipation persisted. At the latest follow-up on 10 August 2026, the patient reported improvement in flakiness and itching, with no new areas involved and stable older lesions.

Conclusion

This case demonstrates a chronic, relapsing scalp-predominant inflammatory dermatosis with subsequent clinical stabilization and reduction in flakiness and itching during longitudinal follow-up. As this is a single uncontrolled case, the observed improvement cannot establish treatment efficacy or causality.

Keywords: Sebopsoriasis, psoriasis, seborrhoeic dermatitis, scalp psoriasis, adolescent, chronic skin disease, case report, homeopathy.

1. Introduction

Sebopsoriasis represents a clinical overlap between psoriasis and seborrhoeic dermatitis, commonly involving seborrhoeic areas, particularly the scalp, face and other areas rich in sebaceous glands, with erythema and

scaling that overlap between the two disorders. Psoriasis itself is a chronic inflammatory skin disease characterized by well-demarcated erythematous plaques and scaling, with a chronic and relapsing course.

The present case describes an adolescent with a scalp-predominant chronic inflammatory skin disorder clinically recorded as "Sebo Psoriasis?", with a history extending from 2021 and documented longitudinal follow-up through August 2026.

2. Case Presentation

2.1 Patient Profile

Parameter	Details
Sex / Age	Female / Adolescent (exact age not specified in the supplied record)
Residence / Education	Delhi; 12th standard, Arts stream
Family structure	Nuclear family with grandparents
Disease duration	Since 2021
Initial site	Left temporal scalp
Predominant site	Left parietal scalp
Other areas subsequently noted	Right wrist and right leg
Family dermatological history	Father reported to have atopic dermatitis

2.2 Chief Complaint / History of Present Illness

The skin condition began as a small itchy patch over the left temporal region and became more prominent over the left parietal scalp, with erythematous plaques, well-defined borders, increased skin thickness, moderate scaling and moderate-to-severe itching. The condition was aggravated by winter and increased dryness, and ameliorated by summer. The patient had previously consulted dermatologists and used topical allopathic preparations — Seboclear shampoo, Psoraxib, Ultitar CS and Topisal 6% — for approximately six months, stopped about 15 days before the initial documented assessment; she had also taken homeopathic treatment during a prior winter season.

2.3 Associated Gastrointestinal Complaints

A significant associated complaint was longstanding constipation since childhood, intermittent and unsatisfactory, occasionally with no stool for 2–3 days, hard round-ball stools, sour eructations, heartburn and occasional periumbilical pain, worse with irregular eating and outside food.

2.4 Personal History (Physical Generals)

- Appetite normal; craving for chocolates and eggs; thirst approximately 2 L/day
- Thermal state hot; bathing seasonal; seasonal preference winter
- Sleep 7–8 hours, refreshing; perspiration generalized, non-offensive
- Menstrual history: regular cycles, approximately 28 days, duration around 7 days, with dysmenorrhoea; painful periods with clots reported at the July 2026 follow-up

2.5 Family and Social History

The patient was born and brought up in Delhi. Her father runs a T-shirt manufacturing business and has a history of atopic dermatitis; her mother is a homemaker. She is the third child, with one brother and two sisters, and lives in a nuclear family with grandparents. She is particularly close to a cousin sister, with whom she shares personal thoughts.

2.6 Mental Generals

The patient was described as shy with new people, taking time to mingle, preferring a limited social circle, low in confidence, emotionally sensitive and prone to crying, easily convinced, orderly, and preferring companionship when going out. Anxiety was mainly related to examinations, awaiting results and board-examination preparation; when angry she was reported to throw things, and was generally easily convinced afterward. Academic performance was average, with Economics as a favourite subject and no history of bullying; hobbies included sketching and calligraphy.

2.7 Clinical Examination

Scalp examination showed erythematous plaques with well-defined borders, thickened skin and moderate scaling, with moderate-to-severe itching, predominantly over the left parietal region; a white-coated tongue, long clear nails and cold, sweaty hands were also noted. Later follow-up documented additional plaques over the scalp, right wrist and right leg. No nail abnormalities were reported on the hands themselves.

2.8 Investigations

No laboratory or histopathological investigations were included in the supplied case material; the clinical impression was based on morphology and distribution.

2.9 Diagnosis

Clinical impression: Sebopsoriasis (recorded in the case notes as "Sebo Psoriasis?"), based on the documented overlap of scalp erythema, scaling, plaque formation, skin thickening, chronicity and seborrhoeic distribution. The supplied material does not include histopathological confirmation, and the diagnosis is retained here as clinically documented rather than histologically confirmed.

2.10 Differential Diagnoses

- Seborrhoeic dermatitis
- Scalp psoriasis
- Tinea capitis
- Discoid (nummular) eczema

3. Case Analysis

3.1 Repertorial Analysis

Principal repertorial rubrics considered included Mind – mood/disposition – stubborn, obstinate, self-willed; Appetite – desire for sweets; Generalities – obesity; sadness/low spirits; and Mind – mood/disposition – bashful, timid. The repertorial chart showed the following leading remedies:

Remedy	Symptoms Covered	Result
Kali carbonicum	3	3/5
Calcarea carbonica	3	3/4
Ammonium carbonicum	2	2/4
China	2	2/4
Staphysagria	2	2/4
Nux vomica	2	2/3
Phosphorus	2	2/3

3.2 Remedy Differentiation and Prescription

Calcarea carbonica 200C was selected as the constitutional remedy based on the documented mental generals — low confidence, shyness with new people, desire for limited company, difficulty mixing easily with others, and emotional sensitivity — supported by its presence among the leading repertorial remedies. The supplied material does not clearly state a separate acute or intercurrent prescription, so none is reported here beyond the constitutional selection.

4. Follow-up and Outcome

Date	Clinical Status
Initial presentation	Chronic scalp plaques since 2021; erythematous, well-defined, thickened and scaly lesions; moderate-to-severe itching; winter aggravation.
09 Jul 2026	No significant change reported; a few new plaques over scalp, right wrist and right leg; older patches remained flaky; itching not prominent.
30 Jul 2026	Older patches stable; no new skin areas; constipation persisted with abdominal pain; local dryness/burning in the vaginal region after use of a hair-removal cream.
10 Aug 2026	Slight improvement in flakiness and itching; no new areas involved; older patches remained stable; photographs taken for comparison.

4.1 Then vs Now

Parameter	At Presentation	Latest Follow-up
Plaques / Older lesions	Present / Active	Stable
Scaling / Flakiness	Moderate	Slightly improved
Itching	Moderate–severe	Reduced
New lesions	Present during course	None reported
Constipation	Chronic/intermittent	Persisting

5. Outcome Interpretation

The patient's clinical course showed partial improvement rather than complete remission. At the July 2026 follow-up, disease activity was still evident, including a few newly observed plaques. By August 2026, flakiness and itching had reduced and no new areas had appeared, while older plaques remained stable. This distinction — clinical stabilization with modest symptomatic improvement, rather than complete clearance — is important for accurate reporting.

6. Discussion

The patient had a chronic scalp-predominant inflammatory dermatosis beginning in adolescence and persisting for approximately five years, with a morphology of erythematous, well-demarcated plaques with scaling and thickening consistent with sebopsoriasis. The disease showed a clear seasonal pattern, worsening in winter and improving in summer, plausibly related to environmental factors such as low humidity and dryness. The patient had previously received topical dermatological treatment, indicating persistence despite conventional topical management.

An interesting component of the case was the coexistence of longstanding constipation with hard, round stools, sour eructations, heartburn and intermittent abdominal discomfort, which were incorporated into the overall case assessment and repertorial analysis. The psychosocial assessment identified examination-related anxiety, low confidence, shyness with unfamiliar people and emotional sensitivity, which were similarly incorporated. However, the latest follow-up demonstrates only partial improvement, and the case should not be presented as a complete cure.

7. Learning Points

- Chronic scalp-predominant dermatoses may show a relapsing course with periods of new lesion formation even during overall treatment.
- Seasonal pattern (winter aggravation, summer amelioration) is a clinically useful modality to document serially.
- Associated gastrointestinal complaints (constipation, dyspepsia) can be incorporated into constitutional case analysis alongside skin findings.
- Partial responses should be reported honestly as clinical stabilization rather than overstated as complete resolution.

8. Conclusion

This case describes a chronic scalp-predominant inflammatory dermatosis clinically recorded as sebopsoriasis, present since 2021 in an adolescent female, with well-defined erythematous plaques, thickened skin, moderate scaling and moderate-to-severe itching, aggravated in winter, together with longstanding constipation and gastrointestinal complaints. During follow-up in July–August 2026 the disease remained stable without further spread, while itching and flakiness showed modest improvement; older plaques persisted but no new areas were reported at the latest visit. The case underscores the importance of long-term monitoring in chronic inflammatory skin disease and of documenting both improvement and persistent disease rather than reporting an uncomplicated response.

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