Seborrhoeic Dermatitis and Daylight

Sir,

We have read with interest the short report "Seborrhoeic dermatitis and daylight" (Acta Derm Venereol (Stockh) 1991; 71: 538–539) (1).

The figure presented clearly shows the number of visits made by relationship between the number of gloomy hours per day per month and the seborrhoeic dermatitis outpatients. We do agree that the role of ultraviolet light or visible light on seborrhoeic dermatitis healing is not clear. The identification of a humoral factor acting via the retina has to be explored. The authors also mention that a relationship between melatonin secretion and sebum output has never been investigated. We have performed such a study (2) on 12 healthy male volunteers, during 30 consecutive hours. Sebum excretion was evaluated every hour using sebum-absorbent tape (Sebutape). Blood samples were collected every 2 h from 0.00 h to 24.00 h and then hourly until 07.00 h. Melatonin was assayed using a TECOVA Kit (ORUS Industries, France). We confirmed a circadian rhythm of sebum excretion. The elevation of sebum excretion was correlated with an increase in the number of secreting follicles. The acrophase of forehead sebum excretion occurred at 13.00 h. We failed to demonstrate any correlation between sebum excretion and plasma levels of melatonin. Therefore it seems very improbable that seborrhoeic dermatitis recurrences are influenced by melatonin secretion through sebum output.

REFERENCES


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