CONDITION

Eczema

Eczema is a group of conditions that cause inflamed, itchy, and often dry skin.

WHAT IT IS
Inflamed, itchy skin with several possible patterns

BODY SYSTEM
Skin

MAIN SYMPTOMS
Itching, dry skin, discoloration, cracked patches

WHAT CAUSES IT
Skin-barrier weakness, immune inflammation, irritants, or contact allergy

HOW IT IS DIAGNOSED
Clinical history and skin examination; patch testing for contact allergy

MAIN TREATMENT
Moisturizers, anti-inflammatory skin medicines, and trigger control

CAN IT BE CURED?
No - chronic tendency can return

IS IT AN EMERGENCY?
Sometimes - painful blistering rash with fever

LONG-TERM OUTLOOK
Usually manageable, with flares and calmer periods

Overview

Eczema is a group of skin conditions that cause inflammation, itching, dryness, and changes in skin color or texture. The medical term for skin inflammation is dermatitis, and "eczema" and "dermatitis" are often used interchangeably.

Atopic eczema, also called atopic dermatitis, is the best-known type. It is linked to a weakened skin barrier and immune inflammation. Other types include contact dermatitis, hand eczema, discoid or nummular eczema, dyshidrotic eczema, seborrheic dermatitis, and venous eczema.

The type matters because triggers and treatments differ. Contact dermatitis follows exposure to an irritant or allergen, while venous eczema is linked to poor blood flow in the lower legs.

Eczema is not contagious. However, symptoms can affect sleep, concentration, work, school, and mood. Scratching can damage the skin and allow infection to develop. Treatment aims to

repair the skin barrier, calm inflammation, control itching, and reduce flares.

Symptoms

Itching is often the main symptom. It may begin before a rash is obvious and can interrupt sleep.

Affected skin may be:

Redness can be harder to see on brown or black skin, where inflammation may look purple, gray, or dark brown. Skin may also develop small bumps or become lighter or darker after a flare.

Location varies with age and eczema type. Babies may have patches on the face, scalp, or outer limbs. Older children and adults often develop eczema in the elbow or knee bends, on the hands, or around the neck. Contact eczema usually appears where a substance touched the skin.

Symptoms often come and go. Heat, sweat, dry weather, skin products, illness, stress, or repeated water exposure may contribute to a flare, although a trigger is not always clear.

- Dry, rough, scaly, swollen, or cracked
- Red, pink, purple, gray, or darker than nearby skin
- Thickened from repeated rubbing or scratching
- Blistered, weeping, crusted, or sore during a flare

Causes and risk factors

Atopic eczema develops through a combination of skin-barrier weakness, immune activity, and inherited factors. When the skin barrier does not retain moisture and block irritants effectively, skin becomes dry and inflamed more easily.

Atopic eczema is more likely in people with a personal or family history of eczema, asthma, or hay fever, although not every child of an affected parent develops it.

Irritant contact dermatitis results from direct damage by soaps, detergents, solvents, or frequent water exposure. Allergic contact dermatitis is a delayed immune reaction to substances such as nickel, fragrance, preservatives, rubber chemicals, or some hair dyes.

Weather, sweating, rough fabrics, stress, and infections may worsen eczema. Stress can affect itching, sleep, and immune activity, but does not mean the condition is "all in your head."

Food allergy is not the usual cause. Some children with moderate or severe eczema also have food allergies, but removing foods without assessment can cause poor nutrition and may not improve their skin.

Diagnosis

There is no single blood test that confirms eczema. Diagnosis is usually based on the rash's appearance and location, how long it has been present, whether it itches, and personal and family history.

A clinician may ask about skin products, work exposures, hobbies, jewelry, gloves, medicines, and the timing of flares. Examination helps distinguish eczema from psoriasis, fungal infection, scabies, and other conditions.

Patch testing may be used if allergic contact dermatitis is suspected. Possible allergens are placed on the back under patches, and the skin is checked over several days for a delayed reaction. This differs from skin-prick testing for immediate allergies.

A swab may be taken if the skin appears infected. Rarely, a small skin sample called a biopsy is needed. Blood and food allergy tests are not routine tests for eczema itself.

Treatment and management

Treatment depends on eczema type, severity, body area, age, and its effect on daily life. Most plans combine regular skin care with medicines for flares.

Emollients are moisturizers that soften skin and support its barrier. Creams, ointments, lotions, and soap substitutes are available. A fragrance-free product that is comfortable enough to use regularly is often the most practical choice.

Topical corticosteroids reduce skin inflammation and come in different strengths. The appropriate strength and treatment length depend on the body area and flare severity. Used as directed, they can control inflammation and limit damage from scratching.

Other topical anti-inflammatory treatments include calcineurin inhibitors and newer non-steroid medicines. They may be used on certain body areas, for repeated flares, or when initial treatments do not work adequately.

Wet-wrap treatment places a damp layer and then a dry layer over moisturized or medicated skin. It may help significant flares, but a healthcare professional should explain the technique and medicine use.

Phototherapy uses controlled ultraviolet light in a medical setting. Widespread or difficult-to-control eczema may require medicines that act throughout the body, including traditional immunosuppressants, biologic medicines, or oral JAK inhibitors. These have different risks and monitoring requirements.

Antibiotics like amoxicillin or doxycycline treat bacterial infection, not eczema inflammation, and are not routinely helpful for uninfected eczema. Antihistamines like cetirizine or loratadine do not treat the underlying inflammation, although a clinician may sometimes consider a sedating type when severe itching disrupts sleep.

Practical care includes short lukewarm baths or showers, gentle fragrance-free cleansers, moisturizing soon afterward, avoiding known irritants, and keeping nails short to reduce scratching damage.

Complications

Scratching can break the skin and allow bacteria to enter. Infection signs include increasing pain, warmth, swelling, pus, rapidly spreading redness or discoloration, yellow-golden crusts, fever, or feeling unwell.

A less common but important complication is eczema herpeticum, a widespread herpes virus infection in eczema-affected skin. It can cause rapidly developing, painful, similar-looking blisters or round "punched-out" sores, sometimes with fever or tiredness. It requires urgent medical assessment.

Long-term rubbing can make skin thick and leathery. Flares may leave lighter or darker areas, especially in darker skin tones. These changes often fade after inflammation settles but can take months.

Ongoing eczema may disturb sleep and contribute to anxiety, low mood, poor concentration, or missed work and school. Hand eczema can affect employment involving water, chemicals, gloves, or frequent hand washing.

Prevention

Atopic eczema cannot always be prevented because inherited skin-barrier and immune tendencies cannot be removed.

Regular moisturizing, gentle skin products, and limiting triggers that clearly affect your skin may reduce flares. Triggers are individual, so broad restrictions are rarely useful.

Contact eczema may improve when the responsible irritant or allergen is identified and avoided. Workplace changes, protective equipment, or product substitutions may be needed. Gloves can help, but trapped sweat or glove materials can worsen eczema for some people.

Do not assume restrictive diets, supplements, or probiotics will prevent eczema or flares. Dietary changes should be based on a confirmed allergy or another clear medical reason, particularly in children.

Living with it and what to expect

Eczema usually follows a relapsing course, with flares alternating with quieter periods. Skin may look normal between flares, but its tendency toward dryness and inflammation remains.

Many children with atopic eczema improve as they grow older. Some continue to have symptoms as teenagers or adults, while others develop recurrent hand or facial eczema later. Eczema can also begin in adulthood, and an individual course cannot be predicted with certainty.

Treatment does not remove the underlying tendency, but it can reduce itching, heal skin, and lengthen calmer periods. Learning which products work and responding early to a flare can make eczema easier to manage.

Arrange a routine review if the plan no longer works, treatment is difficult to use, or eczema interferes with sleep, relationships, school, or work.

Most people can continue usual activities, including swimming, exercise, travel, and work, although skin care may need adjusting for chlorine, sweat, weather, or workplace exposure.

When to get medical help

Arrange a routine appointment for a persistent itchy rash, uncertainty about the diagnosis, or symptoms that do not respond to your usual skin care. Review is also appropriate for repeated flares, sleep disruption, frequent infections, possible work-related eczema, or treatment concerns.

Seek urgent, same-day medical help if skin becomes increasingly painful, hot, swollen, rapidly more inflamed, or starts producing pus or extensive crusting. Fever or feeling generally unwell with worsening eczema may indicate infection.

Get urgent assessment for a rapidly spreading, painful rash with clusters of blisters or round open sores, especially with fever, tiredness, or involvement near an eye. These may be

features of eczema herpeticum.

Call emergency services for difficulty breathing, faintness, or sudden swelling of the tongue or throat. These suggest a severe allergic reaction rather than an ordinary eczema flare.

Common questions

Is eczema contagious?

No. Eczema cannot spread between people. An infection affecting broken skin may sometimes be contagious, but the underlying eczema is not.

Can eczema be cured permanently?

There is no permanent cure for the tendency to atopic eczema. Symptoms can often be controlled, and some people have long periods without an active rash. Contact eczema may clear when the responsible exposure is identified and avoided.

What makes eczema flare up?

Common contributors include dry skin, heat, sweat, cold weather, soaps, fragrance, rough fabrics, stress, illness, and contact with irritants or allergens. Flares can also occur without an obvious trigger.

Does eczema mean I have a food allergy?

No. Most eczema is not caused by food allergy. Testing may be appropriate after an immediate reaction to food or when a specialist suspects allergy alongside difficult-to-control eczema. Avoiding foods without assessment can be harmful.

Are steroid like prednisone or hydrocortisone creams safe?

Topical corticosteroids can be effective when the correct strength is applied to the correct area for the recommended time. Problems are more likely with inappropriate or prolonged use. Discuss concerns with a clinician rather than leaving active inflammation untreated.

Why is my skin still darker or lighter after the eczema clears?

Inflammation can temporarily change skin pigment. These marks are particularly noticeable in darker skin and may take months to fade. Controlling inflammation and protecting skin from sun exposure may help limit contrast.

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