CONDITION

Erosion

An erosion is a shallow area where the skin or a moist body lining has lost its outer layer.

WHAT IT IS
Shallow loss of the skin or lining surface

BODY SYSTEM
Skin and moist body linings

MAIN SYMPTOMS
Raw area, soreness, weeping, crusting

WHAT CAUSES IT
Friction, scratching, blisters, inflammation, or infection

HOW IT IS DIAGNOSED
Examination; sometimes a swab or biopsy

MAIN TREATMENT
Wound protection and treatment of the cause

CAN IT BE CURED?
Sometimes - most superficial erosions heal after cause removal

IS IT AN EMERGENCY?
Sometimes - with widespread peeling, breathing trouble, or severe infection

LONG-TERM OUTLOOK
Usually heals without scarring; repeated injury can recur

Overview

An erosion is a shallow break in the surface of the skin or a moist body lining, such as the inside of the mouth or genital area. It occurs when some or all of the outermost layer is lost.

Erosion describes an area's appearance. It is a condition or physical finding, not a disease itself. Causes include rubbing, scratching, a burst blister, eczema, infection, and medicine reactions.

A skin erosion often looks red, pink, or raw. It may be moist, weep clear fluid, or develop a crust. On darker skin, redness may appear purple, brown, grey, or less obvious.

An erosion is shallower than an ulcer, which extends into deeper tissue and is more likely to scar. A simple erosion usually heals without scarring because the deeper layer that rebuilds the surface remains intact, although pigment changes may persist.

Small erosions from minor friction often settle with basic wound care. Larger, repeated,

infected, or unexplained erosions need assessment because the underlying cause may require treatment.

Symptoms

Symptoms depend on the location and cause. A typical erosion may involve:

A burst blister may leave a loose edge of skin. Scratching can cause narrow or irregular erosions, while repeated rubbing may produce several in one place.

Signs of infection include increasing pain, warmth, swelling, spreading redness or discoloration, pus, an unpleasant smell, fever, or red streaks leading away from the area.

Mouth erosions may make eating, drinking, or brushing uncomfortable. Genital erosions can hurt during urination, sex, or movement. Erosions near the eye can cause pain, watering, light sensitivity, or vision changes and need prompt assessment.

- A shallow, raw-looking area
- Soreness, burning, itching, or tenderness
- Clear fluid, slight bleeding, or crusting
- Sensitivity to touch, washing, urine, food, or sweat

Causes and risk factors

Mechanical damage is common. Shoes, clothing, medical devices, sports equipment, skin-to-skin rubbing, or scratching can remove the outer skin layer. Pressure combined with moisture makes skin more vulnerable.

Blisters leave erosions when their roofs break. They may result from friction, burns, eczema, infections, allergic reactions, autoimmune conditions, or medicine reactions.

Inflammatory conditions such as eczema and contact dermatitis can weaken the skin surface. Itching may cause further damage through scratching. Bacterial, viral, or fungal infections can also produce blisters, crusts, or fragile eroded areas.

Uncommon autoimmune conditions may cause the immune system to attack structures that hold skin cells together, leading to fragile blisters and repeated erosions. These can affect large areas or involve the mouth, eyes, or genitals.

Skin is more vulnerable when it remains wet or is exposed to urine, stool, saliva, or wound fluid. Reduced mobility, loss of sensation, poor circulation, diabetes, and immune-suppressing

medicines can increase injury risk or slow healing.

Diagnosis

A healthcare professional can often identify an erosion by examining it. They may ask when it appeared, whether a blister came first, whether it is painful, itchy, spreading, or recurring, and about recent products, medicines, illness, sexual contact, friction, or injury.

The examination looks at the number, shape, and location of erosions and whether there are blisters, scales, crusts, swelling, or changes elsewhere.

An uncomplicated erosion from an obvious minor injury may not need tests. If infection is possible, a surface swab may be tested for bacteria or viruses.

A skin biopsy may be needed when erosions are unexplained, persistent, widespread, or possibly caused by an inflammatory or autoimmune condition. A small sample is removed after numbing and examined in a laboratory. Blood tests may help investigate an underlying illness but do not confirm an erosion itself.

Treatment and management

Treatment aims to protect the surface while it heals and address the cause.

For a small, minor skin erosion, gently clean it with running water and mild soap, then pat it dry. A plain protective ointment and non-stick dressing can keep it moist and protected. Change the dressing when wet or dirty.

Repeated use of rubbing alcohol, hydrogen peroxide, iodine, or harsh antiseptics can irritate healing tissue. Antibiotic like amoxicillin or doxycycline creams are not routinely needed and may cause contact dermatitis. A healthcare professional can advise when antimicrobial treatment is appropriate.

Reduce rubbing or pressure by adjusting footwear, covering rough edges, changing an adhesive, or pausing the activity responsible. Do not deliberately remove attached skin or crusts.

Treatment for the underlying cause may include:

Erosions in the mouth, genital area, or around the eyes may require different care. Products intended for intact outer skin may be unsuitable for these sensitive areas.

Pain relief may help, but the safest option depends on your health, medicines, allergies, and the cause. Ask a pharmacist or clinician for advice.

- Anti-inflammatory treatment for eczema or another inflammatory condition
- Antibacterial, antiviral like acyclovir or oseltamivir , or antifungal treatment for infection
- Review of a possible allergen or medicine reaction
- Specialist treatment for autoimmune blistering conditions
- Pressure relief and wound-care support when mobility or circulation is affected

Complications

Most small, superficial erosions heal without scarring. Complications include infection, delayed healing, repeated breakdown, and temporary colour changes.

Bacteria can enter through the damaged surface, particularly if it is contaminated, repeatedly touched, kept wet, or associated with poor circulation or reduced immune function.

Continuing pressure, friction, or inflammation can deepen an erosion into an ulcer, which takes longer to heal and is more likely to scar.

After healing, skin may remain darker or lighter for weeks or months. This post-inflammatory pigment change is not a scar and may gradually fade.

Painful mouth erosions can make drinking difficult. Eye involvement can threaten vision. Extensive skin loss can disrupt temperature control and fluid balance, although this is uncommon and usually reflects a serious underlying condition.

Prevention

Not every erosion can be prevented, particularly those caused by autoimmune illness, unexpected medicine reactions, or certain infections.

Reduce friction by wearing well-fitting shoes and clothing, using suitable protective equipment, and responding early to rubbing or blisters. Keep vulnerable skin clean and dry without scrubbing.

If urine, stool, sweat, or wound fluid repeatedly affects the skin, protective products and appropriate continence or wound care may help. People with reduced sensation should regularly check pressure-prone areas because injuries may not hurt.

Stop using products that repeatedly cause irritation until the cause is assessed. Avoid intentionally breaking blisters because the blister roof protects the raw skin beneath.

Preventing recurring erosions depends on identifying and treating the underlying cause rather

than repeatedly covering each new area.

Living with it and what to expect

A minor erosion usually begins growing a new surface within several days. Healing time depends on its size, location, blood supply, and whether friction, moisture, or infection continues.

Soreness and weeping should gradually decrease. New skin may initially look pink, shiny, darker, or lighter than nearby skin and may remain sensitive after the surface closes.

An erosion that repeatedly returns in one place may indicate friction, an ongoing skin condition, or recurrent infection. Note when it occurs and take clear photographs to show a clinician.

Chronic inflammatory or autoimmune conditions may improve and flare again. Long-term care focuses on controlling the cause, protecting fragile areas, and responding early to infection or deeper damage.

Most people with isolated minor erosions can continue normal activities while protecting the area. Adjust activities that rub, stretch, soak, or contaminate it until healed.

When to get medical help

Arrange routine medical advice if an erosion has no clear cause, keeps returning, is not starting to heal, or is growing. Assessment is also appropriate for mouth or genital erosions, multiple blisters, or symptoms that began after a new medicine.

Seek prompt care for increasing pain, warmth, swelling, pus, spreading redness or discoloration, an unpleasant smell, red streaks, fever, or feeling generally unwell.

People with diabetes, poor circulation, reduced sensation, or a weakened immune system should seek advice early, especially for an erosion on the foot or lower leg.

Get urgent medical help for eye pain, marked light sensitivity, sudden vision changes, or an erosion involving the eye.

Emergency care is needed for widespread blistering or peeling, especially with fever, mouth or eye sores, facial swelling, trouble breathing, faintness, or symptoms beginning after a medicine. Rapidly worsening pain, confusion, or severe illness also requires emergency assessment.

Common questions

Is an erosion the same as an ulcer?

No. An erosion affects the surface layer, while an ulcer extends into deeper tissue. Erosions usually heal without scarring; ulcers often take longer to heal and are more likely to scar.

How long does a skin erosion take to heal?

A small, uncomplicated erosion may close within several days. Larger areas, repeated rubbing, infection, poor circulation, or an underlying condition can delay healing. Seek assessment if it worsens or does not begin to improve.

Should I leave an erosion open to the air?

A protected, slightly moist environment usually supports repair better than letting the area dry and crack. A non-stick dressing can protect against rubbing and contamination. The best dressing depends on location and fluid levels.

Can I put antibiotic cream on it?

Not every erosion needs an antibiotic. Some antibiotic creams can irritate the skin or cause an allergic reaction. They are generally reserved for suspected or confirmed bacterial infection.

Why does my erosion keep coming back?

Possible causes include repeated friction, scratching, eczema, infection, fragile-skin disorders, or an autoimmune blistering condition. Recurring erosions should be assessed so the trigger can be identified.

Will an erosion leave a scar?

A superficial erosion usually does not scar because the deeper skin layer remains intact. Temporary darkening or lightening may persist. Scarring is more likely if the injury deepens, becomes infected, or heals slowly.

Sources

- DermNet. Terminology in dermatology: Primary and secondary skin lesions . DermNet New Zealand
- Merck Manual Professional Edition. Description of Skin Lesions . Merck & Co.
- American Academy of Dermatology Association. Proper wound care: How to minimize a scar
- National Health Service. Cuts and grazes

- International Wound Infection Institute. Wound Infection in Clinical Practice: Principles of Best Practice . 2022 consensus update