CONDITION

Erythroderma

Erythroderma is severe inflammation that makes most of the skin red, swollen, and scaly.

WHAT IT IS
Severe widespread skin redness, inflammation, and scaling

BODY SYSTEM
Skin

MAIN SYMPTOMS
Red skin, scaling, itching, swelling

WHAT CAUSES IT
Skin conditions, medicine reactions, cancer, or unknown causes

HOW IT IS DIAGNOSED
Skin examination, blood tests, and often skin biopsies

MAIN TREATMENT
Supportive care and treatment of the underlying cause

CAN IT BE CURED?
Sometimes - removable triggers may allow full recovery

IS IT AN EMERGENCY?
Yes - widespread skin failure needs urgent assessment

LONG-TERM OUTLOOK
Often improves, but relapse risk follows the underlying cause

Overview

Erythroderma is a serious condition in which inflammation affects nearly all the skin, usually at least 90% of the body surface. The skin becomes red or discoloured, warm, swollen, and scaly. It may develop quickly or build over days to weeks.

On brown or black skin, redness may be less obvious. The skin may look deep brown, grey, purple, or darker than usual. Warmth, swelling, tenderness, and widespread scaling may be more noticeable than redness.

Healthy skin helps control body temperature and prevents excessive loss of water, salts, and protein. It also provides a barrier against infection. When most of the skin is inflamed, these functions can be disrupted. This is why erythroderma needs urgent medical assessment and often hospital care.

Erythroderma is a pattern of severe skin inflammation rather than one single disease. Finding the underlying cause is an important part of treatment.

Symptoms

The main feature is widespread skin inflammation. Changes may begin in one area and spread, or appear across most of the body over a short period.

Symptoms can include:

The skin may release clear fluid or form crusts. Scratching and breaks in the skin can increase the risk of infection.

If inflammation continues, the hair may thin or shed. The nails can become ridged, thickened, loose, or discoloured. These changes may take months to improve after the skin settles.

The symptoms of the underlying condition may still be present. For example, psoriasis may cause thicker plaques, while certain blood or skin cancers may cause enlarged lymph nodes.

- Red, darkened, or unusually discoloured skin
- Widespread flaking, peeling, or thick scaling
- Severe itching, burning, soreness, or tightness
- Swelling, especially in the legs, feet, hands, or face
- Feeling unusually hot, cold, shivery, or generally unwell
- Faster heartbeat, tiredness, or weakness

Causes and risk factors

In many adults, erythroderma develops from an existing inflammatory skin condition. Psoriasis and different forms of eczema are frequent causes. Other possible skin-related causes include pityriasis rubra pilaris, severe contact dermatitis, and some blistering conditions.

A reaction to a medicine can also cause erythroderma. The reaction may begin soon after starting a medicine, but the timing is not always clear. Prescription medicines, non-prescription products, and supplements should all be included when reviewing possible triggers.

Less commonly, erythroderma is linked to cancer. The main example is cutaneous T-cell lymphoma, a cancer involving immune cells in the skin. Other cancers may occasionally be associated with widespread skin inflammation.

Some people develop erythroderma after a major change in treatment, such as suddenly

stopping certain medicines used to control psoriasis. Infection is another possible trigger, particularly in people with reduced immune function.

Sometimes repeated assessment does not identify a cause. This is called idiopathic erythroderma, meaning erythroderma without a known cause.

Factors that may increase risk include having a severe or poorly controlled inflammatory skin condition, recently starting a medicine, or having a condition that affects the immune system. Erythroderma can still occur without any known risk factor.

Diagnosis

A clinician can recognise erythroderma by examining how much of the skin is inflamed. Diagnosis also involves checking for complications and finding the underlying cause.

You may be asked about previous skin problems, recent infections, cancer history, allergies, and every medicine or supplement you use. The timing of symptoms and treatment changes can provide important clues.

Blood tests may check:

A small sample of skin may be removed under local anaesthetic for examination under a microscope. This is called a skin biopsy. A biopsy can support a diagnosis such as psoriasis or lymphoma, but early results are sometimes unclear because intense inflammation can hide the original pattern. More than one biopsy may be needed.

Other tests are chosen according to the findings. These may include skin or blood cultures for infection, tests on abnormal immune cells, imaging, or a lymph node biopsy. Heart monitoring may be used if there are signs that circulation is under strain.

- Blood cell numbers and signs of inflammation
- Kidney and liver function
- Salt and fluid balance
- Protein levels, including albumin
- Signs of infection or an immune disorder

Treatment and management

Many people with new or unstable erythroderma are treated in hospital. The immediate aim is to protect the body while the cause is investigated.

Supportive care may include keeping the room and body at a safe temperature, replacing fluids and salts, and providing nutritional support. Heart rate, blood pressure, urine output, and blood test results may be monitored.

Skin care usually involves bland, fragrance-free moisturisers or ointments. Wet dressings or wraps may help cool and soothe the skin. Topical corticosteroids, which reduce skin inflammation, may be used under medical supervision. Treatment is selected carefully because damaged skin can absorb more medicine than usual.

Antibiotics like amoxicillin or doxycycline are used when there is evidence of bacterial infection. They are not routinely helpful when infection is absent.

If a medicine is suspected, the clinical team will review which treatments can be safely stopped or replaced. Do not stop an essential prescription medicine without medical advice unless an emergency clinician directs you to do so.

Longer-term treatment targets the underlying cause. This may involve medicines that control psoriasis or eczema, treatment for a serious drug reaction, or specialist cancer care. These treatments can include immune-targeting medicines, but the choice depends on the diagnosis and the person's overall health.

Systemic corticosteroids, taken by mouth or injection, are not suitable for every cause. In some situations, particularly psoriasis, stopping them can lead to a severe rebound. Their risks and possible benefits require specialist assessment.

Complications

Erythroderma can affect more than the skin. Loss of fluid, salts, and protein through the damaged skin may cause dehydration, swelling, low blood pressure, or abnormal blood chemistry.

The body may struggle to control temperature. Some people become dangerously cold even when the skin feels hot.

Inflamed skin receives increased blood flow. In a person with heart problems, this extra demand can contribute to heart failure, causing breathlessness, swelling, or severe tiredness.

Breaks in the skin barrier allow bacteria to enter more easily. Infection may remain in the skin or spread into the bloodstream. Other possible complications include blood clots during reduced mobility and poor nutrition during a prolonged illness.

Not everyone develops these problems. Monitoring is intended to detect them early, when they can be treated.

Prevention

Erythroderma cannot always be prevented. It may be the first sign of an underlying condition, and some medicine reactions are not predictable.

If you have psoriasis, eczema, or another long-term skin condition, following the agreed treatment plan may lower the chance of severe loss of control. Ask for advice before abruptly stopping systemic treatments or making major changes.

Keep an accurate list of medicines and supplements. If a medicine has caused erythroderma or another serious skin reaction, make sure the reaction is recorded in your medical and pharmacy records. Avoiding that medicine again may prevent another episode.

Regular moisturising can support the skin barrier, but it cannot by itself prevent erythroderma caused by cancer, a severe immune reaction, or another underlying condition.

Living with it and what to expect

The course depends mainly on what caused the erythroderma, how quickly treatment begins, and whether complications occur. Temperature, fluid balance, and circulation may stabilise before the appearance of the skin improves.

Peeling and scaling can continue for days or weeks after inflammation starts to settle. Swelling may also take time to resolve. Hair and nail changes grow out slowly and may remain visible for months.

Erythroderma caused by a medicine may resolve after the trigger is removed, although improvement is not immediate. When psoriasis, eczema, or another long-term condition is responsible, ongoing treatment is usually needed and future flares remain possible. Cancer-related erythroderma may require prolonged specialist care.

Follow-up commonly includes skin examinations, medicine reviews, and repeat blood tests. Further biopsies may be recommended if the cause remains unclear or the condition returns.

During recovery, itching, poor sleep, temperature sensitivity, and visible skin changes can affect daily life. Fragrance-free skin care, loose clothing, and the treatment plan provided by the dermatology team may make symptoms easier to manage. Return to usual activities is generally gradual rather than immediate.

When to get medical help

New redness or discolouration, warmth, and scaling across most of the body need urgent same-day medical assessment. This applies even if you do not feel severely unwell.

Seek emergency help immediately if widespread skin inflammation occurs with:

These symptoms may indicate problems with circulation, fluid balance, infection, or a serious medicine reaction.

For established erythroderma that is stable, attend planned dermatology appointments. Arrange earlier review if the skin begins spreading again, treatment stops working, new lumps appear, or you develop unexplained weight loss, night sweats, or persistent fever.

- Trouble breathing, chest pain, fainting, or confusion
- Severe weakness, unusual drowsiness, or very little urine
- Rapidly increasing swelling or a very fast heartbeat
- Fever, shaking chills, pus, or rapidly worsening pain
- Blisters, open sores, or involvement of the mouth, eyes, or genitals

Common questions

Is erythroderma contagious?

Erythroderma itself is not contagious. It is an inflammatory response of the skin. An infection can sometimes trigger or complicate it, but another person cannot catch erythroderma from you.

Is erythroderma the same as a severe sunburn?

No. Both can cause widespread redness and peeling, but erythroderma usually results from an inflammatory skin condition, medicine reaction, cancer, or another internal cause. It also creates ongoing risks involving temperature, fluid balance, and circulation.

Can erythroderma go away completely?

Sometimes. Full recovery may be possible when a medicine or another removable trigger is responsible. If it comes from psoriasis, eczema, lymphoma, or another long-term condition, the skin may improve greatly but can become inflamed again.

Why might I need to stay in hospital?

Hospital care allows close monitoring of body temperature, hydration, blood salts, kidney function, infection, and circulation. It also allows treatments to be adjusted while the underlying cause is investigated.

Can I put moisturiser on erythroderma?

Bland, fragrance-free ointments or creams are often part of treatment. New scented products, herbal remedies, and strong active ingredients may irritate inflamed skin. Moisturiser supports the skin barrier but does not replace urgent medical assessment or treatment of the cause.

Will all my skin peel off?

Heavy scaling and peeling are common, but the deeper layers that produce new skin usually remain active. Peeling can continue during early recovery and does not necessarily mean the condition is worsening.

Sources

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