CONDITION

Pompholyx eczema

Pompholyx eczema causes repeated outbreaks of intensely itchy blisters on the hands or feet.

WHAT IT IS
Recurrent eczema causing tiny blisters on hands and feet

BODY SYSTEM
Skin

MAIN SYMPTOMS
Itchy blisters, burning, peeling, painful cracks

WHAT CAUSES IT
Skin inflammation; exact cause unknown

HOW IT IS DIAGNOSED
Typical appearance on skin examination

MAIN TREATMENT
Topical steroids, moisturisers, trigger reduction

CAN IT BE CURED?
No - it can recur after clear periods

IS IT AN EMERGENCY?
Sometimes - fever with rapidly spreading painful blisters

LONG-TERM OUTLOOK
Episodes often settle, but recurrences are common

Overview

Pompholyx eczema is a type of eczema that affects the palms, sides of the fingers and soles of the feet. Eczema means that the skin barrier becomes inflamed and does not protect the skin as well as usual.

Pompholyx usually begins with crops of small, deep blisters. These can be intensely itchy or cause a burning sensation. The blisters later dry out, and the skin may peel, crack or become sore.

Healthcare information may also use the term "dyshidrotic eczema." Despite that name, the condition is not caused by blocked sweat glands.

An outbreak often settles over several weeks, but another may develop later. Repeated

episodes can interfere with sleep, walking, hand washing, work and tasks that involve gripping objects.

Pompholyx is not contagious. You cannot catch it by touching someone's skin or sharing household items.

Symptoms

The main feature is a group of tiny, fluid-filled blisters. They may look like small bubbles beneath the surface of the skin. Some blisters join to form larger areas.

Symptoms usually affect one or more of these places:

Itching, tingling or burning may begin before the blisters are visible. The itching can be severe, especially at night.

As an outbreak settles, the blisters flatten and dry. The skin may then peel, become scaly or develop painful cracks. Repeated outbreaks can make the affected skin thicker.

Scratching can break the skin and increase the chance of infection. Possible signs include worsening pain, warmth, swelling, pus or yellow-brown crusting.

Pompholyx can sometimes affect the nails if inflammation involves the surrounding skin. The nails may develop ridges, pits or changes in shape. Nail changes have other possible causes, so they should not be assumed to come from eczema.

- palms and sides of the fingers
- fingertips and skin around the nails
- soles or sides of the feet
- toes

Causes and risk factors

The exact cause of pompholyx is not fully understood. It involves inflammation and disruption of the skin barrier. It is not caused by poor hygiene.

Some people have no clear trigger. In others, outbreaks appear to follow exposure to something that irritates or inflames their skin.

Possible triggers and associated factors include:

"Atopic" means having a tendency toward conditions such as eczema, asthma or hay fever. You can still develop pompholyx without having any of these conditions.

Contact allergy is a delayed immune reaction to a substance touching the skin. It is different from the immediate allergic reactions that may cause hives, facial swelling or breathing problems.

Pompholyx is sometimes mistaken for a fungal infection. A fungal infection may also trigger an eczema-like reaction elsewhere, which is one reason an examination can be helpful.

- hot weather, sweating or having persistently sweaty hands or feet
- stress
- frequent hand washing or wet work
- soaps, detergents, cleaning products and solvents
- contact allergy, including sensitivity to metals such as nickel or cobalt
- another form of eczema, including atopic eczema
- fungal infection elsewhere on the hands or feet

Diagnosis

A healthcare professional can often recognise pompholyx by examining the pattern and location of the blisters. They may ask when the outbreak started, whether it has happened before and what your skin contacts at home or work.

There is no single blood test that confirms pompholyx. Tests are used when the appearance is unusual or another condition may be responsible.

A small skin scraping can be examined for fungus. A swab may be taken if there are signs of bacterial or viral infection.

Patch testing may be arranged when contact allergy is suspected. During this test, small amounts of possible allergens are placed on the back under patches. The skin is checked over several days for a delayed reaction.

A skin biopsy is rarely needed. This involves removing a small sample of numbed skin for examination under a microscope.

Other conditions that can resemble pompholyx include contact dermatitis, fungal infections, scabies and some conditions that cause pustules or larger blisters. Getting the correct diagnosis matters because their treatments are different.

Treatment and management

Treatment aims to calm inflammation, protect the skin and reduce exposure to triggers. It cannot guarantee that future episodes will not occur.

Topical corticosteroids are commonly used during an outbreak. These are anti-inflammatory medicines applied to the skin. The palms and soles have thick skin, so a healthcare professional may recommend a different strength or formulation from one used on the face or body. Use them only as directed.

Moisturisers, also called emollients, help repair the skin barrier. Ointments are often useful for very dry or cracked skin because they contain more oil than creams. A fragrance-free soap substitute may be less irritating than ordinary soap.

Cool compresses may soothe itchy or weeping skin. Avoid bursting the blisters yourself because this can damage the skin and introduce infection. A clinician may occasionally drain unusually large, painful blisters while leaving the overlying skin in place.

Antihistamines like cetirizine or loratadine do not treat the underlying eczema. A sedating type may sometimes be considered when itching is severely disrupting sleep, but it can cause drowsiness and is not suitable for everyone.

If infection is confirmed or strongly suspected, treatment will depend on whether bacteria, fungi or a virus are responsible. Antibiotics like amoxicillin or doxycycline do not treat an uninfected eczema outbreak.

For severe or repeated episodes, a dermatologist may consider treatments such as light therapy or medicines that alter the immune response. Excessive sweating may also be treated when it appears to be an important trigger. These options require individual assessment because their benefits, monitoring needs and possible side effects differ.

Practical measures can reduce irritation:

- pat the skin dry after washing instead of rubbing it
- apply moisturiser after washing and whenever the skin feels dry
- remove rings before wet work or hand washing
- use protective gloves for cleaning or chemical exposure
- change gloves and take breaks if sweat collects inside them
- choose comfortable footwear and moisture-wicking socks for affected feet

Complications

Broken skin can become infected. Bacterial infection may cause increasing redness, warmth,

swelling, pain, pus or crusting. Infection can spread beyond the original area, although this is uncommon with prompt treatment.

Deep cracks can bleed and make walking or using the hands painful. Long-lasting inflammation may thicken the skin or affect nail growth.

Severe itching can disturb sleep and concentration. Hand or foot symptoms may also affect work, exercise and daily tasks. These effects are valid reasons to seek treatment even when the eczema is not medically urgent.

Prevention

Pompholyx cannot always be prevented because its exact cause is unknown and some people have no identifiable trigger. Treatment and skin protection may reduce how often outbreaks occur or how severe they become.

Try to limit substances that repeatedly irritate your skin. Protective gloves can help during wet work, but wearing them for long periods may trap sweat. Cotton-lined gloves or regular breaks may be more comfortable.

Keep a simple record of outbreaks, work exposures, skin products and sweating if a pattern is unclear. Avoid removing foods or metals from your diet without professional advice. Restrictive diets have risks and are not a routine treatment for pompholyx.

Continue using a suitable moisturiser between outbreaks. Skin that looks clear may still have a weakened barrier and remain sensitive to irritants.

Living with it and what to expect

A typical outbreak develops quickly, then dries and peels over the following weeks. The skin may remain tender or cracked after the blisters have gone. A new outbreak can begin before the previous area has fully healed.

Some people have only occasional episodes. Others experience repeated outbreaks over months or years, sometimes with no obvious pattern. Symptoms may become less frequent, but this cannot be predicted for one person.

Pompholyx does not usually cause permanent damage to general health. Its main long-term effects come from pain, itching, infection and difficulty using the hands or feet.

If work involves frequent washing, chemicals, gloves or prolonged contact with water, temporary adjustments may help the skin recover. Examples include changing tasks, taking

glove breaks or having easier access to moisturiser. Occupational health services may be able to support workplace changes.

Managing recurrent eczema often involves finding a routine that protects the skin without making daily life overly restrictive. Treatment can be reviewed if outbreaks remain frequent, affect sleep or interfere with work and mobility.

When to get medical help

Arrange a routine appointment if this is your first unexplained blistering outbreak. You should also seek advice if symptoms keep returning, are not improving with your usual treatment, or are making it difficult to sleep, walk or use your hands.

Contact a healthcare service promptly if the skin becomes increasingly painful, hot, swollen or red, or develops pus or spreading crusts. These can be signs of bacterial infection.

Seek urgent same-day assessment if redness is spreading quickly, you develop a fever, or you feel generally unwell alongside worsening skin symptoms.

Get emergency help for rapidly spreading clusters of painful blisters or open sores with fever or marked illness. A serious viral infection can sometimes resemble an eczema flare and needs urgent treatment. Breathing difficulty or swelling of the lips, tongue or throat also requires emergency help because these are signs of a severe allergic reaction, not typical pompholyx.

Common questions

Is pompholyx eczema contagious?

No. Pompholyx is an inflammatory skin condition and cannot spread to another person.

Some infections that resemble pompholyx can be contagious. An examination may be needed if the diagnosis is uncertain.

How long do pompholyx blisters last?

An outbreak often lasts several weeks. The blisters usually dry before the skin peels or cracks, and the skin may take longer to feel normal.

The length and frequency of episodes differ between people. Persistent or worsening blistering should be assessed rather than assumed to be eczema.

Should I pop pompholyx blisters?

No. Popping or cutting the blisters can damage their natural covering and increase the risk of

infection.

If a large blister is very painful or interferes with walking or hand use, a healthcare professional can advise whether it needs to be drained safely.

Is pompholyx caused by stress?

Stress does not fully explain the condition, but it can be a trigger for some people. Stress may also make itching feel harder to manage.

An outbreak during a stressful period does not mean the symptoms are psychological or under your conscious control.

Can food or a nickel allergy cause pompholyx?

Contact sensitivity to nickel or cobalt is linked with some cases, but it does not explain every outbreak. Patch testing can help identify contact allergy when the history suggests it.

Do not begin a restrictive low-nickel or elimination diet without medical or dietetic advice. Diet changes are not routine treatment and may not help.

Why does pompholyx keep coming back?

The skin barrier and inflammatory response can remain prone to future outbreaks even after the skin looks clear. Heat, sweating, irritants, allergy or stress may contribute, but a trigger is not always found.

Recurrence does not mean that treatment has failed. A review may help if the pattern changes or your current management is no longer controlling symptoms.

Sources

- NHS: Pompholyx
- British Association of Dermatologists: Pompholyx eczema
- American Academy of Dermatology: Dyshidrotic eczema
- DermNet: Dyshidrotic eczema
- Cochrane Database of Systematic Reviews: Interventions for hand eczema