SYMPTOM

Eschar

Eschar is a dry, dark layer of dead tissue over a wound, burn, or ulcer.

WHAT IT FEELS LIKE
A tough patch that may feel numb or painful

WHERE IT IS FELT
Skin over a wound, burn, ulcer, or pressure area

MOST COMMON CAUSES
Pressure injuries, deeper burns, chronic skin ulcers

WHEN IT IS URGENT
Spreading redness, severe pain, fever, or foul drainage

USUALLY LASTS
Until the wound heals or dead tissue is removed

SEE A DOCTOR IF
New eschar, poor healing, or increasing pain around it

Overview

Eschar is a firm layer of dead tissue covering part of a wound. It often looks black or dark brown, although it can also be tan or gray. The surface may be dry, thick, and leathery.

Eschar is a physical finding, not a disease. It can develop after skin and deeper tissue have been damaged by pressure, heat, poor blood flow, or another cause. Its appearance alone cannot show why it formed or how deep the wound is.

Eschar is not always an emergency, but it should usually be assessed by a healthcare professional. The tissue underneath may be healing, infected, or more deeply damaged than the surface suggests.

Do not cut, peel, or scrub away eschar yourself. Whether it should be removed depends on the wound, its location, blood flow to the area, and signs of infection.

What it may feel or look like

Eschar usually appears as a patch attached to the wound underneath. It may be:

The eschar itself may have little feeling because the tissue is dead. The surrounding skin can

still be tender or painful. Increasing pain may suggest pressure, inflammation, infection, or reduced blood flow and deserves medical attention.

Eschar is different from an ordinary scab. A scab is dried blood and wound fluid over a minor injury. Eschar consists of dead tissue and is more often linked with a deeper wound.

Drainage, a bad smell, warmth, swelling, or softening around the edges can occur when tissue underneath is breaking down or infected. These changes should not be judged by appearance alone.

- Black, brown, tan, or gray
- Dry, hard, thick, or leathery
- Flat or slightly raised
- Surrounded by red, swollen, moist, or normal-looking skin

Common causes

Common causes

Pressure injuries can form when skin remains compressed against a bed, chair, shoe, cast, or medical device. They commonly affect the heels, tailbone, hips, and ankles. Limited movement, reduced sensation, and poor circulation increase the risk.

Deeper burns may leave an eschar as damaged skin dries. Electrical or chemical burns can cause deeper injury than is immediately visible.

Long-lasting foot or leg ulcers may also develop eschar. These wounds can be related to diabetes, vein problems, or reduced arterial blood flow. Arteries carry oxygen-rich blood from the heart to the tissues.

Less common causes

Severe cold injury, skin damage from an injected substance, and certain inflammatory skin conditions can produce dead tissue. Some bacterial and tick-borne infections can cause a small eschar, usually with a relevant bite, travel, workplace, or animal exposure.

A black patch does not by itself mean that you have a rare infection. Its location, how it developed, and your other symptoms matter.

Causes needing urgent assessment

A rapidly worsening deep infection can damage skin and tissue. Sudden severe pain, fast-spreading discoloration, swelling, fever, or feeling very unwell are warning signs.

A sudden loss of blood flow can also cause tissue to darken. A cold, pale, blue, numb, or very

painful hand or foot requires urgent assessment.

When to seek medical care

Arrange a routine appointment for a new eschar, particularly if its cause is unclear. You should also book an appointment if the wound is not getting smaller, keeps returning, or is over a pressure point. Seek earlier advice if you have diabetes, reduced sensation, poor circulation, or a weakened immune system.

Get same-day medical care if you notice:

Call emergency services if you have confusion, fainting, breathing difficulty, rapidly worsening illness, or severe pain with fast-spreading swelling or skin discoloration.

Emergency care is also appropriate for a deep burn around the chest, neck, arm, or leg if breathing or circulation seems restricted.

- Redness, warmth, or swelling spreading beyond the wound
- New pus, foul-smelling drainage, or increasing moisture
- Fever or chills
- Increasing or severe pain
- Rapid growth or darkening of the affected area
- A cold, pale, blue, or newly numb hand or foot

How the cause is found

A healthcare professional will ask when the patch appeared, whether there was a burn or injury, and how quickly it has changed. They may ask about mobility, footwear, diabetes, circulation problems, recent procedures, bites, travel, and possible chemical exposure.

The examination usually includes the eschar, surrounding skin, pain, warmth, drainage, and smell. Blood flow, sensation, and movement may also be checked.

Eschar can hide the base of a wound, making its full depth difficult to measure. In pressure injuries, the depth may remain unclassified until enough dead tissue is removed to see underneath.

Tests are not always needed. Depending on the findings, testing may include blood tests, a sample of drainage or tissue, imaging, or studies of blood flow. A small skin sample, called a biopsy, is occasionally needed when the cause remains uncertain.

Treatment and self-care

Treatment focuses on the cause and on protecting healthy tissue. A wound-care plan may include pressure relief, suitable dressings, treatment of infection, burn care, or improving blood flow.

Some eschar is removed through a process called debridement. This may involve special dressings, instruments, or other methods. However, dry, firmly attached eschar on a heel with no redness or drainage is sometimes left in place, particularly when blood flow is poor. It can act as a natural cover. This decision requires professional assessment.

Until you receive advice:

Do not walk on a foot wound more than necessary. If pressure caused the injury, changing position and using recommended support surfaces can help prevent further damage.

Antibiotics like amoxicillin or doxycycline are used when there is a bacterial infection, not simply because eschar is present.

- Do not pick, cut, or pull at the eschar
- Avoid hydrogen peroxide, alcohol, and unprescribed creams
- Protect the area from rubbing and pressure
- Follow any existing wound-cleaning and dressing instructions
- Check nearby skin for redness, drainage, swelling, or color changes

What to expect

Healing time depends on the wound's depth, size, cause, location, blood supply, and your general health. A shallow wound with good circulation may improve steadily. A deeper pressure injury, burn, or ulcer may take much longer and may need repeated wound-care visits.

Eschar may shrink, loosen, or be removed as the wound heals. The tissue underneath may look deeper than expected once it is visible. Scarring is possible, especially after a deep burn or ulcer.

Regular review can help track wound size, identify infection, and adjust pressure relief or dressings. Seek earlier care rather than waiting for a scheduled visit if pain, drainage, redness, or discoloration increases.

Common questions

Is eschar the same as gangrene?

No. Eschar describes dead tissue covering a wound. Gangrene is tissue death caused by severely reduced blood flow, infection, or both. Eschar can occur with gangrene, but it also has other causes.

Should eschar always be removed?

No. Removal can help assess and treat some wounds, but it may be unsafe when circulation is poor. Stable, dry heel eschar is one situation in which it may be left intact. Do not remove it yourself.

Is eschar contagious?

Eschar itself is not contagious. A few infections that can produce an eschar may spread in specific ways, but most eschars result from pressure, burns, or chronic wounds.

Can skin heal underneath it?

Sometimes. Healing depends on blood flow, wound depth, pressure, infection, and whether the eschar remains stable. A healthcare professional can monitor what is happening around and beneath it.

Sources

- National Pressure Injury Advisory Panel. Pressure Injury Stages
- MedlinePlus. Pressure Sores
- American Burn Association. Guidelines for Burn Patient Referral
- Infectious Diseases Society of America. Practice Guidelines for Skin and Soft Tissue Infections
- National Institute for Health and Care Excellence. Pressure Ulcers: Prevention and Management, Clinical Guideline CG179