SYMPTOM

Patches

Patches are areas of skin that differ in colour, texture, or sensation.

WHAT IT FEELS LIKE
Itchy, rough, sore, numb, or different from nearby skin

WHERE IT IS FELT
Skin anywhere on the body, scalp, or genitals

MOST COMMON CAUSES
Eczema, contact dermatitis, superficial fungal infections

WHEN IT IS URGENT
Painful, rapidly spreading patches with fever or blistering

USUALLY LASTS
Days to months, depending on the cause and treatment

SEE A DOCTOR IF
Persistent, recurring, spreading, or unexplained patches

Overview

A patch is an area of skin that looks or feels different from the skin around it. It may be lighter, darker, red, purple, scaly, smooth, thickened, or raised. Some patches itch or hurt, while others cause no discomfort.

In medical language, a "patch" usually means a flat area of colour change larger than about 1 centimetre. In everyday language, people also use the word for broader areas of dry, rough, or raised skin.

Patches are a symptom, not a diagnosis. Many conditions can cause them, from irritation and eczema to infections or changes in skin pigment. Their location, shape, surface, and development over time help narrow down the cause.

What it may feel or look like

A patch may develop suddenly or gradually. There may be one patch or many. Possible features include:

Redness can be less obvious on brown or black skin. Inflamed skin may instead look purple,

grey, deep brown, or darker than the surrounding area. Warmth, swelling, tenderness, and texture changes can also indicate inflammation.

Notice whether the patch fades when pressed, changes with sunlight, or appeared after a new product, medicine, illness, or activity. Photographs taken in similar lighting can help show how it changes.

- Itching, burning, tenderness, or pain
- Dryness, cracking, scaling, or oozing
- A smooth or thickened surface
- A clear border or an uneven edge
- Lighter, darker, red, purple, or grey colour
- A ring shape or gradual outward spread
- Blisters, crusting, swelling, or hair loss

Common causes

Eczema can cause dry, itchy, inflamed patches. The skin may crack, thicken, or become darker after repeated rubbing. Eczema often affects skin folds, hands, face, or neck, but it can occur elsewhere.

Contact dermatitis happens when something irritates the skin or triggers an allergic reaction. Soaps, cleaning products, cosmetics, metals, adhesives, plants, and workplace materials are possible triggers. The patch usually develops where the substance touched the skin.

Superficial fungal infections can produce itchy, scaly patches. Ringworm often expands outward with a more noticeable edge, although it does not always form a perfect ring. Tinea versicolor can cause lighter or darker, finely scaly patches, often on the chest, back, shoulders, or neck.

Psoriasis may cause well-defined, thick, scaly patches. It often affects the elbows, knees, scalp, or lower back and may come and go.

Pigment changes after inflammation can remain after eczema, acne, injury, or infection settles. These flat lighter or darker areas may take months to fade.

Less common causes include vitiligo, which causes clearly defined areas that have lost pigment, and some autoimmune or inflammatory conditions. Medicines can also cause skin reactions.

A persistent rough, changing, bleeding, or non-healing patch occasionally needs assessment

for precancerous or cancerous skin changes. These features do not prove cancer, but they should not be ignored.

When to seek medical care

Call emergency services if patches occur with trouble breathing, faintness, or swelling of the lips, tongue, mouth, or throat. These can be signs of a severe allergic reaction.

Seek urgent same-day medical care if the affected skin is rapidly spreading, very painful, hot, or swollen, especially with fever or feeling seriously unwell. Also seek urgent help for:

Book a routine appointment if a patch lasts more than a few weeks, keeps returning, spreads, or has no clear cause. Arrange an assessment sooner if it bleeds, forms a persistent sore, changes noticeably, or is associated with hair loss, joint symptoms, or unexplained weight loss.

Babies, pregnant people, and anyone with a weakened immune system may need earlier advice for a new or spreading skin change.

- Blistering, peeling, or raw skin
- Patches involving the eyes, mouth, or genitals
- Purple or red marks that do not fade when pressed, with illness
- A new widespread rash after starting a medicine
- Painful blisters near an eye or on one side of the face

How the cause is found

A clinician will ask when the patch began and how it has changed. They may ask about itching or pain, new skin products, work exposures, medicines, travel, pets, close contacts, and previous skin conditions.

The examination looks at the patch's shape, border, colour, texture, warmth, and location. Other areas of skin, the nails, scalp, or mouth may also be checked.

Sometimes no testing is needed. If infection is possible, a gentle skin scraping or swab may be taken. Patch testing can help identify substances causing allergic contact dermatitis. A small skin sample, called a biopsy, may be recommended if a patch is persistent or its cause remains uncertain.

Treatment and self-care

Treatment depends on the cause. Moisturisers and anti-inflammatory medicines may be used for eczema, while fungal infections need antifungal treatment. Pigment conditions and psoriasis have different treatment options.

Until the cause is clearer, you can:

Do not automatically apply a steroid cream to an unexplained patch. Steroids like prednisone or hydrocortisone can change the appearance of some infections and allow them to spread. A pharmacist or clinician can help you choose an appropriate non-prescription product and use it according to its label.

- Wash gently with lukewarm water and a fragrance-free cleanser
- Apply a plain, fragrance-free moisturiser to dry skin
- Stop recently introduced products that may be irritating
- Avoid scratching, scrubbing, or picking the area
- Keep a record of changes and possible triggers
- Avoid sharing towels or clothing if infection is possible

What to expect

Irritant or allergic patches may improve after the trigger is removed, although complete recovery can take days to weeks. Fungal infections usually improve with the correct treatment, but changes in colour may remain after the infection clears.

Eczema and psoriasis can improve and then return. Lighter or darker marks left by inflammation often fade slowly. Sun exposure can make the contrast more noticeable.

If treatment does not help as expected, the diagnosis may need to be reconsidered. Arrange follow-up rather than repeatedly trying different creams, particularly if the patch is spreading or changing.

Common questions

Are skin patches contagious?

Most are not. Eczema, psoriasis, vitiligo, and pigment changes do not spread between people. Some fungal, bacterial, and viral skin infections can be passed through close contact or shared items.

Can colour alone identify the cause?

No. Several conditions can produce similar colours, and inflammation looks different across skin tones. Shape, texture, symptoms, location, and development over time are also important.

Should I cover a patch?

A clean, non-stick dressing can protect cracked or weeping skin from rubbing. Avoid tight or adhesive coverings if they make the area warmer, wetter, or more irritated.

Could an unexplained patch be skin cancer?

Most patches are caused by non-cancerous conditions. However, a patch that keeps growing, changes, bleeds, crusts repeatedly, or does not heal should be examined.

Sources

- American Academy of Dermatology Association - Rash 101 in adults: When to seek medical treatment
- NHS - Contact dermatitis
- Centers for Disease Control and Prevention - About Ringworm
- American Academy of Dermatology Association - Vitiligo: Signs and symptoms
- NHS - Stevens-Johnson syndrome