

Treating eczema around your eyes (periocular eczema)

Ophthalmology Department

Information for Patients

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What is periocular eczema?

Eczema is an inflammatory skin condition that causes the skin to become red, dry, itchy and inflamed.

The most common type of eczema is atopic eczema. This is a form of allergy that causes a hypersensitive reaction of the skin.

Periocular eczema is a skin condition that affects the skin around the eyes in patients with eczema (peri- means “round” and ocular means “eyes”).

What causes periocular eczema?

The skin around the eyes is thin and sensitive and can be affected in people with atopic eczema. Eyelid skin is 4 times thinner than facial skin.

This condition can be mistaken for other conditions such as blepharitis, infective conjunctivitis or contact dermatitis.

You may get symptoms of a gritty feeling in the eye and discharge which can make diagnosis difficult. If you have a known diagnosis of eczema, you may have periocular eczema.

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How is it treated?

It is important to:

- try not to rub your eyes when they itch.
- have good eyelid hygiene.

Itchiness is a common symptom. It is important to avoid rubbing the delicate skin around the eyes. This can result in further swelling and irritation of the skin and can cause the outbreak to last longer.

Eyelid hygiene:

Periocular eczema may be mistaken for blepharitis. Blepharitis treatment involves the use of warm compresses. Do not use warm compresses with this type of eczema. It can cause the skin to become more irritated.

- Use a clean flannel, cotton wool pad or a muslin cloth. Moisten it with warm water or moisturiser (emollient like Hylo-Night or Vaseline).
- Wrap it around your finger to gently wipe away any crust, dust, flakes that may have built up on the eye lashes.
- You can do this for up to 2 times a day.

Medication:

Doctors will advise you to use regular moisturisers (emollients) on the skin around the eyes. **Emollients** that you can use include eye ointments like **Hylo-night or Xailin Night or Vaseline**. **Ointments** work better than other formulations.

To manage a flare-up, your doctor may prescribe a short course of a mild topical steroid. This helps to settle the inflammation. We can slowly reduce the dosage as symptoms improve and replace it with emollients. **We often use mild steroids (such as 0.5-1% hydrocortisone)**. You must only apply a thin layer to the affected skin, avoiding the eyes.

Where inflammation is severe or not responding to mild steroids, we may use higher **strength (potency) steroids (such as eumovate)** for a short specified number of days. We may then use a mild steroid after this period. Steroids can further thin the skin around the eye. This can increase the risk of infections developing, so strong steroids are very rarely prescribed.



People on steroid treatment around the eyes for longer than 1 month are at an increased risk of developing high pressure in the eye. This can lead to loss of vision in some people. We recommend **regular monitoring of the pressures within the eye** either with your eye doctor or optician whilst on steroid treatment. Talk to your specialist about follow-up and monitoring.

What if this treatment does not work?

If your symptoms do not respond to emollients and mild/moderate steroids, your doctor may refer you to a dermatologist to start you on alternative treatments depending on your symptoms. The pressures in your eyes will need to be regularly monitored whilst you are on steroid treatment.

Contact details

If you have any questions, please talk to your GP, your eye specialist or your optician.

For any urgent concerns please contact the Eye Casualty Department on **0116 258 6273**, opening times:

- Monday to Friday, 8.30am to 4.30pm
- Saturday, Sunday and Bank Holidays, 8.30am to 12.30pm

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