

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 which 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 "around" 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 may be mistaken for other conditions such as blepharitis, infective conjunctivitis or contact dermatitis. There may be 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 lid 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 may mean the outbreak lasts longer.

Lid hygiene:

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

- Use a clean flannel, cotton wool pad or a muslin cloth moistened with warm water or moisturiser (emollient) (such as Hylo-Night or Vaseline).
- Wrap it around your finger to gently wipe away any crust, dust, flakes that may have built up amongst the eye lashes.
- This can be done up to 2 times a day.

Medication:

People with periocular eczema will be advised by their doctor to use regular moisturisers (emollients) on the skin around the eyes. **Emollients** that can be used include eye ointments such as **Hylo-night or Xailin Night or Vaseline**. **Ointments** penetrate the skin in this area better than other formulations.

To manage a flare-up of periocular eczema, your doctor may prescribe a short course of a mild topical steroid which helps to settle the inflammation. This can be reduced down gradually as symptoms improve and replaced with emollients. **Mild steroids (such as 0.5-1% hydrocortisone)** tend to be used and only a thin layer should be applied to the affected skin, avoiding the eyes.

In cases where the inflammation is severe or not responding to mild steroids, higher **strength (potency) steroids (such as eumovate)** may be used for a short specified period of time, for example, 5 days. This may then be stepped down to 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 susceptible people. **Regular monitoring of the pressures within the eye** is highly recommended 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 further 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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