VENOUS ECZEMA

What are the aims of this leaflet?

This leaflet has been written to help you understand more about venous eczema. It tells you what it is, what causes it, what can be done about it, and where you can find out more about it.

What is venous eczema?

Venous eczema is also known as varicose or stasis eczema and is the name given to a type of eczema on the lower leg. The word eczema (or dermatitis) refers to a common inflammatory skin condition. Venous eczema is more common as people get older and occurs more often in women than in men.

What causes it?

Venous eczema occurs when valves in the leg veins do not work properly, reducing drainage of blood from the legs. This leads to an increase in the pressure inside the leg veins. This congestion then causes damage to the overlying skin. The exact reason why the resulting skin changes occur is unclear, but is likely to be due to the increase in pressure pushing blood and blood products from the veins into the surrounding tissue. This then triggers inflammation in the skin.

Being overweight, immobility, leg swelling, varicose veins, previous clots in the leg (venous thrombosis) and previous cellulitis are possible contributory factors.

Is it hereditary?

No.

What are the features?

Venous eczema occurs on the lower legs. The features vary depending on the severity and range from changes in skin colouring and dryness of the skin, to areas of inflamed eczema with red spots, scaling, weeping and/or crusting. The eczema is often very itchy and can sometimes be painful. Swelling of the legs and varicose veins may also be present. In severe cases, white patches of skin, thinning and scarring (atrophie blanche) may be seen. Sometimes thickening of large areas of skin on the lower leg (lipodermatosclerosis) can

occur and may be painful. Leg ulcers can also develop. Sometimes, venous eczema can trigger the development of eczema elsewhere on the body; this is known as secondary eczema.

How is venous eczema diagnosed?

It is usually a clinical diagnosis, based on its typical appearance and associated features. There are some other causes of a rash on the lower leg, such as allergic contact dermatitis (when a person develops an allergy to substances or treatments used on the skin) and irritant contact dermatitis (when the skin becomes irritated by secretions, bacteria or certain treatments). Doctors and nurses who regularly look after patients with venous eczema are usually able to identify which of these rashes is the most likely. On some occasions it may be necessary to carry out further investigations when the diagnosis is not clear.

Can it be cured?

Unfortunately, the problem of the valves in the veins not working properly cannot be cured; this means that venous eczema does not clear up completely if left untreated. However, simple measures to improve the function of the valves and treatments for the active eczema can greatly improve the skin and associated symptoms, keep the eczema under control and help to prevent complications such as leg swelling, infection and lipodermatosclerosis.

How is it treated?

Simple measures are very important in helping to reduce pressure in the veins. These include ensuring your weight is within the normal range and keeping physically active. Due to the effect of gravity exerting additional pressure on the veins, venous eczema can be made worse by spending long periods of time standing still or sitting, for example by sleeping in a chair. For this reason, it is recommended that when possible you raise your legs for at least part of the day; ideally above the level of your heart by lying down. Elevating the foot of the bed overnight can also be helpful.

Care also needs to be taken to avoid damaging the skin on the leg, for example it is important to avoid knocking or hitting the leg on hard objects (such as supermarket shelves, trolleys, doors of kitchen cupboards, etc.). Such relatively minor injuries often take months to heal and can significantly impair healing of the eczema. Similarly, it is important to avoid scratching at the skin as much as possible.

Bandaging and compression stockings are another simple measure that help to reduce the pressure in the leg veins. Bandaging may be used when leg swelling is severe; once this swelling is reduced and the eczema is improved, compression stockings are used to maintain this. Compression stockings are available on prescription and should be worn long-term at all times during the day in order to support the veins. Compression stockings should not be used in patients with arterial disease in the legs. Your dermatologist or doctor can advise you about this and a simple test measuring your leg circulation is often performed before using compression stockings.

Topical emollients (moisturisers) should be used at least daily to all the skin on the lower leg, whether affected or not; these make the skin more supple and can help to prevent the skin breaking down. Emollients should also be used as a soap substitute. Steroid ointments are often recommended to treat itchy flares in venous eczema; these should be applied to the affected patches of skin only.

CAUTION:
This leaflet mentions 'emollients' (moisturisers). Emollients, creams, lotions and ointments contain oils. When emollient products get in contact with dressings, clothing, bed linen or hair, there is a danger that they could catch fire more easily. There is still a risk if the emollient products have dried. People using skincare or haircare products should be very careful near naked flames or lit cigarettes. Wash clothing daily and bedlinen frequently, if they are in contact with emollients. This may not remove the risk completely, even at high temperatures. Caution is still needed. More information may be obtained at www.gov.uk/guidance/safe-use-of-emollient-skin-creams-to-treat-dry-skin-conditions.

In some situations, the opinion of a vascular surgeon may be sought to assess whether a varicose vein operation may be helpful.

In general, the responses to the above measures are good if they are used every day on a long-term basis. If the response is poor despite doing these treatments every day, it may be necessary to seek advice from your GP or dermatologist in case there is another cause for the leg rash, for example, a fungal skin or toe nail infection, or the development of a contact allergy to different topical agents used.

Where can I find out more about venous eczema?

Patient support groups providing information:

Eczema Outreach Support
Web: www.eos.org.uk/
Tel: 01506 840395

National Eczema Society
Web: www.eczema.org
Tel: 020 7281 3553

Web links to other relevant sources:

Eczema Care Online: www.eczemacareonline.org.uk/en/intro

Patient: www.patient.co.uk/doctor/Varicose-Eczema.htm

DermNetNZ: www.dermnetnz.org/dermatitis/venous-eczema.html

Jargon Buster: www.skinhealthinfo.org.uk/support-resources/jargon-buster/

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

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