

VARICOSE ECZEMA

Varicose eczema, also known as ‘gravitational eczema’ or ‘stasis eczema’, is a common skin condition which affects the lower legs of adults. If left untreated, the skin can break down to form ulcers, which are then difficult to heal. This factsheet tells you what causes varicose eczema and how it can be treated in the early stages to prevent ulcers from developing.

Who gets varicose eczema?

Varicose eczema is usually seen in middle-aged or older people, but it can occur in younger people if they have a genetic predisposition to varicose veins. You are most likely to develop this type of eczema if you have high blood pressure or varicose veins, or have had a deep vein thrombosis, phlebitis or cellulitis in the past (see below).

Varicose eczema is more common in women than in men since female hormones and pregnancy increase the risk of developing the condition.

What causes varicose eczema?

Because humans walk upright, the pressure of the blood in the veins is greater in the lower legs than anywhere else in the body when you stand up.

In active adults, the return of blood to the heart through the leg veins is usually good because muscle activity helps to push blood along. But as we get older and less active, the blood moves less well up our veins and can collect in the lower legs.

If the leg vein walls are weak, they cannot withstand high pressure in them, and varicose veins develop, appearing as dark blue, wiggly, raised bulges on the surface of the legs.

If someone in your family has varicose veins, the chances of you developing them are higher. If you are overweight or pregnant, your chances are increased even further. If you spend a lot of time standing up or sitting with your legs in one position (lack of mobility), the tendency to develop varicose veins is greater still.

Other conditions – such as a blood clot in the leg vein (thrombosis), which can occur during a period of inactivity due to illness, or inflammation of the vein wall (phlebitis) – can weaken the leg veins and also damage the valves which direct the flow of blood through them. Cellulitis (infection in the skin) can also weaken the veins and lymph vessels, causing the venous system to function less efficiently.

All these conditions also make the leg veins less able to contain the pressure of blood in them, causing problems, sometimes years later.

If the vein walls are weakened and the blood moves rather sluggishly up the leg veins, fluid can pool in the lower legs and ooze through the vein walls into the surrounding space, causing the ankles to swell. This becomes especially noticeable in the evening after a day spent standing up during hot weather, and the legs can ache and feel heavy. Fluid may then leak through the very small vessels, causing red-brown speckled spots to appear on the skin which becomes hot and itchy – tiny blisters can also appear, usually just above the inside of the ankle.

Over time, if left untreated, the skin can develop eczema, with red, itchy spots (inflammation), dryness and flaking. The skin may also change in colour and become weepy with some skin crusting. When the skin around the lower legs becomes inflamed and flaky, as described above, the condition is called varicose eczema.

VARICOSE ECZEMA

When the eczema settles, this skin may later crack if it becomes over-dry, or break down if scratched or picked. The skin on the lower leg generally becomes fragile – a knock to that area, for example with a shopping trolley, can also break the skin and cause further irritation, with the risk of a leg ulcer developing.

What causes a varicose ulcer?

Skin affected by varicose eczema is thin and unhealthy and can easily break down – as soon as this happens, the area should be treated to help the skin heal quickly. If left untreated, the small hole can deepen and widen, and the resulting wound is called a ‘varicose ulcer’ (also known as a ‘venous ulcer’ or ‘stasis ulcer’). These ulcers are typically found just above the inside of the ankle. They often ooze and can attract bacteria, both of which can aggravate the surrounding skin, making the eczema even worse. Sometimes events can occur the other way round – varicose eczema can develop for the first time around an existing ulcer or wound on the lower leg, but treatment remains the same.

How can varicose eczema be prevented?

There are a number of things you can easily do yourself to prevent varicose eczema from occurring, as outlined below:

If you have varicose veins, or have had phlebitis or a deep vein thrombosis, look after your legs – extra care and attention to your legs is needed for the rest of your life since varicose eczema can occur years later. Lose weight if necessary. If you need help with weight loss, talk to your practice nurse or consider joining a local weight-loss group/club.

Varicose veins can be treated, so consult your doctor if you think you have them. Veins near the surface of the leg are not essential and surgical removal by stripping the veins or, more commonly, removal by laser under local anaesthetic (endothermal ablation) will eradicate them. Sometimes a special injection (sclerotherapy) into the veins can help. The longer prominent varicose veins are left, the less successful surgical treatment is – so don’t ignore the problem, and discuss it with your GP. Unfortunately, in some regions, varicose vein surgery or laser treatment is not available on the NHS.

If you have had phlebitis or thrombosis, or your varicose veins cannot be treated, your leg veins should be supported at all times. For mild cases which require low-strength compression, elastic support stockings or tights, available from most pharmacies, are adequate. For more severe varicose veins, compression hosiery is made to measure and can be prescribed by your doctor or nurse. If you have a venous ulcer, you will need compression bandages, which will be applied by a nurse when your leg ulcer is dressed. Your doctor or practice nurse will advise on which type of leg support is best for you, but the following few tips may help:

- If you need to wear compression hosiery, this will usually be prescribed. It is important to have compression stockings fitted correctly. Your practice nurse or district nurse will usually do this and you should be measured when you are seated with your lower leg bent at 90 degrees.
- If compression hosiery is required, make sure you know how to put it on. This is often tricky at first, so don’t be afraid to ask your nurse if you are not sure. There are devices available to help you put your hosiery on, if required.
- Always put compression hosiery on before you get out of bed – your ankles are least swollen first

VARICOSE ECZEMA

thing in the morning, so put the stockings on before any fluid can build up.

- Ordinary stockings or tights can be worn over the top of compression hosiery if you think they look unsightly.
- Try not to stand still for a long time. If you have to, then frequently flex your feet – for example, tap your feet, rise up onto your toes, or bend down at the knees – as this will help to keep blood moving in the veins.
- It is better to sit or walk than to stand still, and it is even better to sit with your feet up. Whenever you get a chance to sit down, perhaps to watch television or read a newspaper, rest your feet up on a stool at least the same height as the chair. If possible, raise your legs even higher, so they are level with your chest, by lying on a bed or full length on a sofa. This will help to relieve aching legs and reduce ankle swelling.
- Exercise is important – a spot of brisk walking every two hours (even if you are inside the house) or, if you can, walking up stairs (rather than taking a lift) can make your leg muscles work and help push blood through the veins.

How is varicose eczema treated?

There are a number of treatments available to help keep your skin supple and prevent an ulcer. All the points on prevention should still be followed since these will also help to improve the eczema.

- Keep the skin soft and supple by using an emollient twice a day (emollients are available on prescription from your doctor or over the counter at a pharmacy) to prevent the skin from cracking. The NES has a factsheet on emollients, which gives more details on the types of emollients available and how to use them.
- People with varicose eczema sometimes develop an allergy to certain ingredients in creams, so find out what suits you. Ingredients likely to irritate the skin include perfumes, preservatives and occasionally lanolin, so avoid any product containing them.
- If you react to a lot of creams, your GP may suggest a visit to a dermatologist for patch testing to find out what you are sensitive to.
- Apply emollient to your legs at least twice a day, or more often if your skin is really dry. Emollients can be used all over your body if your skin is generally dry. Lightly apply the emollient in smooth downward strokes so that the skin glistens.
- Avoid using soap and bubble bath – these dry out the skin and can irritate the eczema. Use your emollient as a soap substitute – that is, apply it to wet skin in place of soap. Hot water will cause dehydration of the skin and itching, so bathe or shower in cool to warm water. Emollients can make the bath/shower slippery, so be careful and use an anti-slip mat.
- Don't use liniments or alcohol rubs on your legs as these irritate the skin and dry it out further.
- Socks or compression hosiery and trousers will protect the lower legs, but make sure clothing doesn't cut into the flesh – tops of stockings and socks should be loose-fitting.
- Moderate-to-potent topical steroid creams are available from your doctor if the eczema is very itchy, but only apply them to areas of active eczema. Never use a cream prescribed for someone else's

VARICOSE ECZEMA

eczema.

- Bandages covered in zinc oxide (zinc paste bandages BP or Zipzoc®), with an outer bandage applied to prevent mess, can be very soothing when applied to the eczema. They help reduce scaliness and protect the skin from knocks and scratching. Your nurse or doctor can prescribe paste bandages, and your nurse will need to teach you how to apply them properly. The NES has a booklet, *Paste Bandages and Wet Wraps*, with some step-by-step images and instructions. Paste bandages are messy, however, and can sometimes irritate the skin. Occasionally, allergies may develop, so tell your doctor if your eczema gets worse after using them.
- If the skin becomes hot and inflamed, begins to ooze or look different, or if you feel feverish and sweaty, see your doctor since this could be the start of a skin infection. If antibiotic tablets are prescribed, always complete the whole course, even if your skin soon looks better.
- If the skin is oozing and crusty, a wet soak may be advised – usually potassium permanganate dissolved in water (a tablet is put in a bucket of water and should dilute to a pale pink ‘rose wine’ colour). Soak the leg in this solution, or soak a flannel in it, and leave on the area for 15 minutes. This treatment does stain your skin (and the bath etc.), so use it carefully!

Will I always have varicose eczema?

This type of eczema can be an ongoing problem. The condition can become worse and then settle down, but if a good skin care routine is in place it will help to prevent the flare ups.

Don't be too worried if varicose eczema appears – extra care and attention to that area can often clear the problem and prevent the skin breaking down. However, you may be left with some discolouration of the skin as part of the post-inflammatory process.

Preventative measures are very important and should be continued long term – you will find that once you get into a routine, they will soon become a way of life!

Factsheet revised February 2018

© National Eczema Society 2018

- The National Eczema Society is a registered charity in England and Wales (number 1009671) and in Scotland (number SCO43669) and is a company limited by guarantee (registered in England, number 2685803). Office: 11 Murray Street, LONDON, NW1 9RE
- We are dedicated to improving the quality of life for people with eczema and their carers
- Eczema affects FIVE MILLION children and adults in the UK every year
- ALL our information is clinically evidence based and written by or verified by dermatology experts
- The National Eczema Society receives no Government or Health Service funding, relying entirely on voluntary income from the general public, Companies and Trusts

DISCLAIMER

These details are provided only as a general guide. Individual circumstances differ and the National Eczema Society does not prescribe, give medical advice or endorse products or treatments. We hope you will find the information useful but it does not replace and should not replace the essential guidance given by your general practitioner, dermatologist and dermatology nurse.