

Eczema around the eyes factsheet

There are a number of conditions and types of eczema which affect the eye and the eye area. These occur more commonly in people with eczema elsewhere on the body – usually those with atopic eczema and related conditions (asthma and hay fever) – and can be caused by an external irritant or allergen.

Eczema of the eyelid skin

The skin of the eyelids of children with atopic eczema is often affected by eczema. Eyelid eczema is also common in adults with eczema elsewhere on the face. Seborrhoeic eczema of the eyelids tends to affect just the eyelid margins and is seen more frequently in adults. The itchy, red, dry, scaling skin of eyelid eczema is particularly problematic for all ages as the skin is very thin and sensitive here.

Eyelid eczema is treated with emollients and mild topical steroids, prescribed by your doctor or other health professional. Generally, only mild topical steroids (0.5-1% hydrocortisone) are recommended for eyelid eczema, because strong topical steroids can cause thinning of the skin around the eye – an area where the skin is already thinner than on other parts of the body. Mild topical steroids are safe to use as long as you follow your doctor's instructions. Sometimes for a severe flare a stronger steroid may be prescribed (usually Eumovate, a moderate topical steroid) for a short treatment burst of around 5 days and then stepped down to a mild steroid. Anything more potent than a moderate topical steroid would only be prescribed by a dermatologist for use on the eyelids.

Topical calcineurin inhibitors (TCIs) – pimecrolimus (Elidel) or tacrolimus (Protopic) – are also prescribed for eyelid eczema. These are not steroids so there is no problem with them thinning the skin, though they can have some other side effects. These include photosensitivity, so as it is difficult to use sunscreen on the eyelids, they are best

applied in the evening; or if applied in the day, a sun hat and sunglasses should be worn, especially from March to September. TCIs are initially prescribed for 6 weeks and can also be used for long-term, twice-weekly maintenance treatment. It is common for TCIs to produce a burning and stinging sensation when first put on, but this usually subsides after a few days, so try to persevere.

As a general rule, we would advise that you keep facial skin care simple and use bland medical leave-on emollient to wash with, as well as applying it frequently as a moisturiser. You should definitely avoid washing your face with soap or using perfumed face creams. It is important not to use olive oil or aqueous cream on your eyelids as these are both known to damage the skin barrier in eczema. You can also use your emollient to remove eye make-up including mascara.

Contact dermatitis

Contact dermatitis of the eyelids may be either allergic or irritant in origin. Irritant contact dermatitis is simply the result of irritant substances such as make-up, detergents or solvents coming into contact with your eyelids and then damaging and irritating the skin. The allergic type of contact dermatitis occurs when you come into contact with a substance which your immune system overreacts to. Allergic reactions are more likely to occur the longer you have been using a product, and can be localised or more widespread. An allergic skin reaction can be sudden and dramatic, and/or sometimes occur hours or days after contact with the allergen, making it difficult to pinpoint the cause.

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If you think facial skin care products or make-up are having a negative effect on your skin, it is a good idea to go 'bare-faced' for a few days and see if that helps. If there is an improvement, start to re-introduce products one by one to establish whether any of them is causing the problem. Contact dermatitis can also occur when manufacturers change the formulation of a product and you are sensitive to the new ingredient(s).

It is also possible that any reaction is a result not of something you put on your eyelids per se but something you touch and then transfer to the delicate eyelid skin from your fingers. One common cause of contact dermatitis of the eyelids is allergy to nail varnish (or varnish remover). The eyelid skin becomes sensitised when you touch or rub the eyes with painted nails. The condition usually clears rapidly when you stop using nail varnish. Hair dye may also cause eyelid problems, as can airborne agents such as perfume sprays.

Some medications can cause a contact dermatitis. Atropine (drops to treat glaucoma) and neomycin drops are common culprits in the production of allergic dermatitis around the eye, as are many preservatives used in medications or contact lens systems.

Wearing gloves and washing your hands thoroughly will prevent a reaction if you are handling substances that cause problems for you.

If your eyelid eczema does not settle with first-line eczema flare treatments, you should ask for a referral to a dermatologist to discuss possible allergic contact dermatitis, especially if your eczema is confined to your eyelids.

Blepharitis

Blepharitis refers to inflammation of the eyelid skin, and is a very common problem. Although seen in association with a number of skin conditions affecting other parts of the body, it is most commonly

associated with seborrhoeic dermatitis. Seborrhoeic dermatitis affects the face, scalp, ears and eyebrows as well as the eyelids. Small yellowish skin scales collect around the eyelashes, making the eyes look tired, puffy and wrinkled. Scaling (dandruff) in the scalp and eyebrows will often be present as well, and sometimes red patches develop around the sides of the nose (for more information about this type of eczema and treatment, see the NES factsheet on Adult Seborrhoeic Dermatitis).

Inflammation of the eyelids leads to itching and discomfort of the eyes, and the sensation that there may be something 'gritty' on the eye surface. Artificial tears can be used to wet the cornea (the outer surface of the eye) and thereby make your eyes more comfortable. It is a good idea to stop wearing contact lenses, as these may further irritate blepharitis, especially if your eyes are very sore. Your pharmacist should be able to advise you regarding the range of proprietary preparations that are available, either as drops or as ointment (NB although the latter lasts longer, the associated blurring of vision will mean that many people will find it unsuitable.) Fortunately, blepharitis does not cause any permanent visual problems.

Allergic conjunctivitis

Allergic conjunctivitis refers to an allergic inflammation of the conjunctiva, the clear outer covering of the eye. Allergic conjunctivitis is usually seasonal – typically, it is worse in the spring and summer months when allergy to grasses, pollens and some plant fragrances can lead to itching and streaming eyes. There are reports that sore eyes in contact lens wearers are sometimes due to an allergic conjunctivitis caused by sensitivity to thiomersal, a preservative used in contact lens solutions. Although allergic conjunctivitis may be extremely debilitating, it does not lead to long-term damage to the eye.

Treatment is to avoid the plants, flowers and pollens that trigger the condition as much as possible and, if necessary, to also use drops which desensitise the eyes.

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Even if allergic conjunctivitis is not due to contact lens solution, it is still advisable not to wear contact lenses until the allergic conjunctivitis has resolved. Your pharmacist should be able to advise you on which drops to use. Allergic conjunctivitis that lasts throughout the year is less common, but can be caused by sensitivity to a wide variety of substances, including the house dust mite and animal dander (see the NES factsheet on Household Irritants for advice and practical tips on reducing exposure to common irritants in the home).

DISCLAIMER

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