

Eczema around the eyes factsheet

There are a number of conditions and types of eczema that 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 may be caused by an external irritant or allergen.

Eczema of the eyelid skin

Eczema can affect any area of skin, including the eyelids and around the eyes. Eyelid eczema is common in adults with eczema elsewhere on the face. Seborrhoeic dermatitis of the eyelids tends to affect just the eyelid margins and is seen more frequently in adults. The itchy, inflamed, dry, scaling skin of eyelid eczema is particularly problematic for all ages as the skin here is very thin and sensitive. This makes it prone to both irritant and allergic contact dermatitis.

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, face washes, detergents or solvents coming into contact with the eyelids and then damaging and irritating the skin. Cosmetic anti-ageing products that come into contact with eyelid skin can also cause irritation. Allergic contact dermatitis arises when your immune system reacts against a specific substance called an allergen. Once you have reacted, a very small amount of this allergen can cause an eczema flare. 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.

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 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 contact dermatitis. Atropine and neomycin drops are common culprits in the development of allergic contact dermatitis around the eyes, 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 to which you are sensitive.

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 the eczema is confined to your eyelids. Be aware that the skin around the eyes can

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become infected, so seek medical attention if you develop weeping or crusting with a golden tinge (this may be a bacterial infection), or small fluid-filled blisters, especially if they are painful (this may be a viral infection called eczema herpeticum).

Treating eyelid eczema

Eyelid eczema is treated with emollients and mild topical steroids, prescribed by your doctor or other healthcare professional. Generally, only mild topical steroids (0.5 - 1% hydrocortisone) are recommended for eyelid eczema, given the thinness of the eyelid skin. Eyelid skin is four times thinner than facial skin. Mild topical steroids are safe to use as long as you follow your healthcare professional's instructions. Very occasionally, for a severe flare, a moderate potency steroid may be prescribed for a short treatment burst of around 5 days and then stepped down to a mild steroid for 5 days. It is rare for potent topical steroids to be prescribed for use on the eyelids. They would only be prescribed by a dermatologist.

Topical calcineurin inhibitors (TCIs) – pimecrolimus (Elidel) and tacrolimus (Protopic) – are also prescribed for eyelid eczema. They are not steroids, so there is no risk that they will thin the skin. They are a helpful option in treating eyelid eczema. They do have some side effects, which include photosensitivity. It is important to take precautions in the sun, particularly from March to September: applying sunscreen and wearing sun protective clothing, such as a sun hat. It is a good idea to apply TCIs in the evening, as you need to leave a gap between applying a TCI and another cream, such as a sunscreen (in the case of tacrolimus, a two-hour gap is required). TCIs are initially prescribed for 6 weeks and can also be used for long-term, twice-weekly maintenance treatment on two non-consecutive days (for example, on Monday and Thursday nights). It is common for TCIs to produce a burning and stinging sensation when first applied, but this usually subsides within a week.

Keep facial skin care simple. Use a leave-on emollient to wash with, as well as applying it frequently as a moisturiser. 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 on a damp cotton pad to remove eye make-up including mascara.

Blepharitis

Blepharitis refers to inflammation of the eyelid skin, and is a very common problem. The cause is usually not known, but it can be caused by a reaction to the bacteria which live naturally on the eyelid skin. It can occur in people with and without eczema, but 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. The most important treatment is lid hygiene. This involves using a warm compress and gentle eyelid massage to soften and unblock the oil glands of the eyelid, and gently cleansing the edges of the eyelids with warm water. 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 on the range of proprietary preparations that are available, either as artificial tear drops or anti-inflammatory eye drops. If blepharitis

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becomes very sore and infected, you will need to see your healthcare professional and may need antibiotic eye drops or tablets. 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.

The treatment for allergic conjunctivitis is to avoid the plants, flowers and pollens that trigger the condition as much as possible and, if necessary, to also use drops that desensitise the eyes. 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 house dust mites 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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