

Eczema around the eyes factsheet

There are several conditions and types of eczema that affect the eyes and eye area. These may be caused by an external irritant or allergen, and occur more commonly in people who have atopic eczema elsewhere on the body and related conditions (asthma and hay fever).

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 eyelid skin is very thin and sensitive. This makes it prone to both irritant and allergic contact dermatitis.

Contact dermatitis

Eyelid skin, being so thin, is particularly sensitive to irritants and allergens and therefore prone to developing contact dermatitis.

Irritant contact dermatitis is 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's a good idea to go 'bare-faced' for a few days and see if that helps. If

there's an improvement, start to reintroduce products one by one to determine 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's 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 solutions.

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 doesn't 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 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

The standard first-line treatments for eyelid eczema are emollients, mild topical steroids and topical calcineurin inhibitors, prescribed by your doctor or other healthcare professional.

Emollients

Keep facial skin care simple. Use a leave-on emollient to wash with, as well as applying it frequently as a moisturiser. You can also use your emollient on a damp cotton pad to remove eye make-up, including mascara. Avoid washing your face with soap or using perfumed face creams. It's important not to use olive oil or aqueous cream on your eyelids as these are both known to damage the skin barrier in eczema.

Topical steroids

Generally, only mild topical steroids (0.5-1% hydrocortisone) are recommended for eyelid eczema, given the thinness of the eyelid skin, which is four times thinner than facial skin. 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. Topical steroids must be used for short treatment bursts as directed by a healthcare professional, and applied to areas of affected skin only. Potentially, excessive use of topical steroids on eyelid skin over weeks to months may lead to glaucoma or cataracts.

Topical calcineurin inhibitors

Topical calcineurin inhibitors (TCIs) – pimecrolimus (Elidel) and tacrolimus (Protopic) – are also prescribed for eyelid eczema. They are not steroids, so there's no risk that they will thin the skin. They do have some side effects, including photosensitivity. It's important to take precautions in the sun when using TCIs, particularly from March to September. These precautions include wearing sun glasses and a sun hat. TCIs are usually applied twice a day for short periods to treat flares, or twice a week on non-consecutive days as maintenance treatment. When using Protopic as maintenance treatment, it's a good idea to apply it in the evening, as you need to leave a 2-hour gap between applying it and another cream. It's common for TCIs to produce a burning or stinging

sensation when first applied, which lasts for about 15-20 minutes. This usually subsides within a week.

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 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 patches that are red or lighter or darker in colour than the surrounding skin develop around the sides of the nose. For more information about this type of eczema, please see our Seborrhoeic dermatitis in adults factsheet.

Inflammation of the eyelids leads to itch and discomfort, 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), making your eyes more comfortable. It's 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 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. Although allergic conjunctivitis may be debilitating, it doesn't lead to long-term eye damage.

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Allergic conjunctivitis is usually seasonal – typically, it's worse in the spring and summer months when allergy to grasses, pollens and some plant fragrances can lead to itch and streaming eyes. 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. Try to keep doors and windows closed on days when the pollen count is high (or if you can hear the sound of lawnmowers). Also avoid hanging clothes and bed linen outside to dry. Dry them inside, where there will be less pollen in the air. Some people find it soothing to wear a cotton eye mask at night. This provides a physical barrier from airborne allergens and may help reduce rubbing the eyes in your sleep.

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. Even if your allergic conjunctivitis isn't due to contact lens solution, it's 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. Please see our factsheet on Household irritants for advice and practical tips on reducing exposure to common irritants in the home.

People with more severe eczema who are taking biologic treatments often experience eye-related side effects, particularly conjunctivitis and allergic conjunctivitis. Please see our factsheets on Dupilumab and Tralokinumab for more information.

DISCLAIMER

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Factsheet last reviewed November 2023.

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