

Discoid eczema factsheet

Discoid eczema is a fairly common skin condition which has a very distinct appearance with oval or round lesions. It often causes only minor discomfort, although sometimes it can be very itchy. This condition can be unsightly, but there are a number of things you can do at home to improve it, as well as a variety of treatments available from your doctor.

Who gets discoid eczema?

Discoid eczema affects males and females equally. It can occur at any age, including childhood, but tends to affect women in early adulthood, whereas male onset is more common in older age groups. Discoid eczema is more likely in people with atopy and those with infected eczema and allergic contact dermatitis.

What causes discoid eczema?

The exact cause of discoid eczema is not known, although dry skin is perhaps the most common feature. Children with atopic eczema can present with discoid eczema or a mixture of both flexural (skin creases) and discoid eczema. People who had atopic eczema in childhood are often left with dry skin – these people may develop discoid eczema as adults, particularly on the hands. Others with no history of eczema but who nevertheless have ‘sensitive skin’ which is drier than normal can also develop discoid eczema, often in middle age or later. Frequent contact with degreasing agents can remove the natural oils of the skin, leaving it dry and cracked and causing an irritant contact dermatitis.

Discoid eczema is more common in the cold winter months, when our skin is exposed to central heating, dry air (low humidity) and fan heaters, which all dry the skin. The elderly, whose skin is drier and thinner, can be more prone to discoid eczema especially if they have varicose and asteatotic eczema.

Discoid eczema can also develop on an area of skin that has been damaged or scarred from a scratch, bite, burn or localised area of infection.

It is only rarely due to a specific allergy, suspected when discs are seen in an unusual place. For example, jean studs or belt buckles can cause a rash that looks rather like discoid eczema but is, in fact, due to an allergy to nickel. If this is the case, you will possibly be referred to a dermatologist who may carry out patch tests to help find out the cause of the allergy.

Emotional stress may play a part in the development of discoid eczema, but is unlikely to be the sole cause of it. Worry can make the condition worse, or more long lasting, and any sources of concern should be dealt with if possible.

What does discoid eczema look like?

Another name for discoid eczema is ‘nummular dermatitis’, which means ‘coin-shaped’ eczema. It usually appears quite suddenly on the first occasion, when one or two round or oval dull red patches appear, the size of a 50 pence piece or smaller. These patches start off with a slightly bumpy surface and fuzzy edges, usually on the lower legs, trunk or forearms, although hands and fingers can also be affected. Within a few days the patches often develop raised lumps or blisters which start to ooze, and they can become very itchy, crusted and infected. Later on, the surface becomes scaly and the centres of the discs clear, leaving the skin dry and flaky. At any time between 10 days and a few months later, other discs may appear, often in the same position on the opposite side of the body – other patches may then come up in different places, such as on limbs previously not affected. Old patches that have apparently cleared up may also reappear.

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With treatment the condition can be improved in many cases, although discoid eczema does tend to recur and may leave pale areas (post-inflammatory hypopigmentation) and dark areas (hyper-pigmentation) in patients with darkly pigmented skin. Usually, the skin returns to a perfectly normal appearance after several months, and scarring is very rare.

Can discoid eczema become infected?

Yes – when patches of affected skin begin to weep and itch, the chances of that site becoming infected with bacteria are high, particularly if scratched. Sometimes a skin infection may spark off an attack of discoid eczema. If the surface has a yellow crust or is very weepy, the skin is probably infected and you should see your doctor to get treatment.

The condition can become more widespread if any infection is left untreated, while treatment of the infection can help clear up the eczema.

How is discoid eczema treated?

A number of medications are available from your doctor to help treat discoid eczema, and there are also some things you can do at home to make the skin more comfortable. See your GP for a diagnosis (and treatment) if you think that you may have discoid eczema, because other skin conditions such as psoriasis and ring worm can look very similar.

Emollients

People with discoid eczema often have dry skin that should be treated to improve the existing eczema and help prevent further attacks. A wide range of emollients, also known as moisturisers, are available to treat dry skin – various brands can be bought from a supermarket or pharmacy, and some can be prescribed by your doctor or nurse. It is best to experiment to see which one suits you best, but below are some guidelines which may help you choose:

- Dry, flaky skin is most effectively treated using a greasy preparation, i.e. an ointment, which contains a high proportion of oil.
- If areas of skin are weeping, or 'wet', as patches of discoid eczema can be, a cream is more suitable.
- Moisturisers are very safe and can be applied as frequently as required – every hour if necessary – to prevent your skin from feeling dry and becoming flaky.

It is possible to become sensitive to a particular ingredient in moisturising creams or ointments – see *the National Eczema Society information leaflet on emollients for more details*.

Bathing

Bathing can make discoid eczema more comfortable by removing crusts and reducing itchiness, but hot water can aggravate the condition so baths should be lukewarm. An emollient bath oil can be added to the water or an emollient soap substitute can be used for washing and showering. After bathing and showering is a good time to apply a moisturiser wherever the skin is dry.

Topical steroids

Once discoid eczema has developed, the skin can become very red, itchy and inflamed – if this happens, your doctor may prescribe a steroid, with a cream or ointment base, to apply to the affected areas to help them clear up. The potency (strength) of the steroid used will depend on the severity of the eczema. Generally, for adults with discoid eczema, a more potent steroid will be used for longer periods, e.g. 2-4 weeks depending on the area of the body. Children with discoid eczema will be prescribed topical steroids according to their age, and these may be moderate or potent. Only use steroid creams or ointments on areas of skin with eczema, unless otherwise advised by your doctor or nurse. Dry skin not affected by eczema is best treated with an emollient.

Treatments for infection

If your skin is infected (crusting, oozing and very inflamed), see your doctor or nurse to get a specific treatment for this. If only a few patches are infected, a cream or ointment containing a combination of antibiotic plus steroid may be prescribed. These should be used with caution, as resistance to the antibiotic or potential sensitivity to the preparations can occur. Other interventions that can be used include emollients with antimicrobial ingredients. If the infection is more widespread, a skin swab may be taken and you will be given a course of antibiotic tablets or capsules to take – in this case, complete the prescribed course, even if the infection clears up before all the tablets are taken.

Environmental triggers

Contact with detergents can make you more likely to develop discoid eczema, so it is a good idea to avoid direct contact with any household cleaning agents, or wear waterproof gloves to protect your hands. Dry air in

centrally heated homes can aggravate the condition – if you place a bowl of water near each radiator, your skin is less likely to become dry. In cold weather apply a moisturiser to your skin before going out and also at regular intervals when indoors, especially if central heating makes your home dry.

Conclusion

Discoid eczema can usually be controlled with the above treatments, avoiding triggers such as soaps, bubble bath, overheating and certain fabrics. Regular use of emollients will maintain the skin barrier and prevent dryness. Most people find that discoid eczema eventually clears up completely. For severe and extensive discoid eczema other treatments may be required and a referral to dermatology should be made before these are initiated; for example, paste bandages, topical calcineurin inhibitors, oral steroids, azathioprine, ciclosporin, methotrexate and ultraviolet light therapy.

DISCLAIMER

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