



DISCOID ECZEMA

What are the aims of this leaflet?

This leaflet has been written to help you understand more about discoid eczema. It tells you what it is, what can be done about it, and where you can find out more about it.

What is discoid eczema?

Eczema (also called dermatitis) is a common form of inflammation affecting mainly the outer layer of the skin (the epidermis). There are several different types: in some cases the cause is understood, in others, it is not.

Discoid means disc-shaped, and this name comes from the characteristic round or oval patches which occur in this type of eczema. For the same reason it is sometimes also called nummular eczema - nummular meaning coin-shaped.

Discoid eczema is most common in middle age, although it can occur at any time in life.

What causes discoid eczema?

The cause of discoid eczema is unknown. Similar appearances can occasionally occur in other forms of eczema, including childhood atopic eczema, allergic contact eczema, and irritant eczema due to repeated wear and tear, but these are not true discoid eczema.

Like other forms of eczema, discoid eczema can be worsened by scratching, infection, and dryness of the skin.

Is discoid eczema hereditary?

No.

What are the features of discoid eczema?

- This is a highly inflamed type of eczema, and it is usually extremely itchy.
- It is usually worst on the limbs, but the body is often affected too. It is uncommon on the face.
- Each patch begins as a small group of red spots and tiny bumps or blisters, which enlarge rapidly into a red swollen moist round patch. This appearance may suggest an infection; however, while discoid eczema may become infected, that is not how it begins. After a while the patches become dry and scaly. A dozen or so patches may occur on each limb and on the body. Most are less than 10 centimetres (4 inches) across. Some patches may clear in the middle.
- If untreated, discoid eczema may persist for months or years, often worsening and improving, and sometimes coming back in the same sites each time.

How will it be diagnosed?

Discoid eczema is usually diagnosed by its typical appearance and course. Investigations may be needed to rule out other conditions; for example, patch tests to look for an allergic contact eczema, or the examination of skin scales for a fungal infection. Swabs may be taken to check for a bacterial infection.

Can discoid eczema be cured?

Discoid eczema will run a relapsing course, but with the correct treatment it can be kept under good control.

How can it be treated?

- Weaker steroids are inadequate for discoid eczema. The mainstay of treatment is a strong steroid cream or ointment. This should be applied once or twice daily (depending on which topical steroid has been prescribed) to all affected areas, avoiding the normal skin, until the inflammation is completely suppressed. Treatment should restart at the first sign of recurrence.

- If infection gets in, an antibiotic will be necessary, either included in the steroid application or as tablets.
- The surface of chronic patches is dry and scaly, and an emollient (moisturising) cream or ointment, applied at a different time from the steroid, is essential. This should also be applied to the rest of the skin, especially if it is dry. The emollient should be continued indefinitely, even after the patches have cleared up and the steroid cream has been discontinued.
- In unusually severe cases, courses of steroid tablets may rarely be required. Occasionally, light treatment may be considered by your doctor.

Where can I get more information about discoid eczema?

Web links to detailed leaflets:

<http://www.emedicine.com/derm/topic298.htm> (includes photographs)

<http://dermnetnz.org/dermatitis/nummular-dermatitis.html> (includes photographs)

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: its contents, however, may occasionally differ from the advice given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

**BRITISH ASSOCIATION OF DERMATOLOGISTS
PATIENT INFORMATION LEAFLET
PRODUCED DECEMBER 2006
UPDATED DECEMBER 2009
REVIEW DATE DECEMBER 2012**