



VENOUS ECZEMA

What is venous eczema?

Venous eczema is also known as varicose or stasis eczema and is the name given to a type of eczema on the lower leg. The word eczema (or dermatitis) refers to a common inflammatory skin condition. Venous eczema is more common as people get older and occurs more often in women than in men.

What causes it?

Venous eczema occurs when the valves in the leg veins do not work properly. This leads to an increase in the pressure inside the leg veins, which then causes damage to the overlying skin. The exact reason why the resulting skin changes occur is unclear, but is likely to be due to leakage of blood and blood products into the surrounding tissue. This then triggers inflammation in the skin. Being overweight can make the problem worse because of increased pressure bearing down on the leg veins.

Is it hereditary?

No.

What are the features?

Venous eczema occurs on the lower legs and is often very itchy and sometimes painful. It can vary in severity from changes in skin colouring to areas of inflamed eczema with red spots, scaling and crusting. It is often associated with varicose veins. In some cases, white patches of skin, thinning and scarring (atrophie blanche) may be seen. In more severe cases, thickening of large areas of skin on the lower leg (lipodermatosclerosis) can occur and may be painful. Sometimes, venous eczema can trigger eczema elsewhere on the body; this is known as secondary eczema.

How is venous eczema diagnosed?

It is usually a clinical diagnosis, based on its typical appearance and associated features. There are some other causes of a rash on the lower leg, such as allergic contact dermatitis (when a person develops an allergy to substances / treatments on the skin) and irritant contact dermatitis (when the skin becomes irritated by secretions, bacteria or certain treatments). In general, doctors and nurses who regularly look after patients with venous eczema are able to identify which of these rashes is the most likely problem, but on some occasions it may be necessary to carry out further investigations to help make the diagnosis.

Can it be cured?

Unfortunately, the problem of the valves in the veins not working properly means that venous eczema does not tend to clear up completely by itself and people with this problem tend to have it for the rest of their life. However, some simple measures and treatments can help keep it under control.

How is it treated?

Simple measures are very important in helping to reduce venous pressures and the risk of further complications. These include keeping active and losing weight. Venous eczema can be made worse by standing or sitting with the legs down for long periods, for example sleeping in a chair; it is recommended when at rest you raise your legs as high as possible for at least part of the day.

Care also needs to be taken to avoid damaging the skin on the leg, for example it is important to avoid knocking or hitting the leg on hard objects (such as supermarket shelves, trolleys, doors of kitchen cupboards, etc.).

Compression stockings are another simple measure that helps to reduce the pressures in the leg veins. They are available on prescription and should be worn all the time during the day to support the veins. However, compression stockings should not be used in patients with arterial disease in the legs. Your dermatologist or GP can advise you about this and a simple test measuring your leg circulation is often performed before using compression stockings.

Topical emollients or moisturisers should be used daily for the lower leg; these make the skin more supple and can help to prevent the skin breaking down. Steroid creams and/or ointments are often used to treat itchy flares in venous eczema.

In some situations a varicose vein operation may be helpful if you are overweight.

In general, the responses to the above measures are good if they are used every day on a long-term basis. If the response is poor despite doing these treatments every day, it may be necessary to seek advice from your GP or dermatologist in case there is another cause for the leg rash.

Where can I find out more about venous eczema?

Web links to detailed leaflets:

www.cks.nhs.uk/venous_eczema_and_lipodermatosclerosis

www.patient.co.uk/doctor/Varicose-Eczema.htm (includes photographs)

www.dermnetnz.org/dermatitis/venous-eczema.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

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