



ECZEMA HERPETICUM

What are the aims of this leaflet?

This leaflet has been written to help you understand more about eczema herpeticum. It tells you what it is, what the cause is, the treatment, and where you can find out more information about it.

What is eczema herpeticum?

Eczema herpeticum is a potentially serious viral infection which can spread to large areas of the skin. It most commonly affects people with atopic eczema but may also affect those with other inflammatory skin conditions.

What causes it?

Eczema herpeticum is caused by **Herpes simplex virus HSV1**, the virus that causes cold sores; it can also be caused by other related viruses.

Eczema herpeticum develops when the virus infects large areas of skin, rather than being confined to a small area as in the common cold sore. It develops in the skin of susceptible people, usually those with a pre-existing diagnosis of atopic eczema. Sometimes it begins as a cold sore and then spreads to affect the face and other areas of the body, but it may occur without a preceding cold sore.

Patients whose eczema began in infancy or those with severe eczema are at higher risk of developing eczema herpeticum. It can also be triggered by trauma or cosmetic procedures (lasers, skin peels, dermabrasion).

Is it hereditary?

No.

What are the symptoms of eczema herpeticum?

Eczema herpeticum produces painful and sometimes itchy skin eruption. It often causes high temperature and shivering, and makes you feel unwell. It may result in swollen lymph glands and if it occurs near or in the eyes may make them feel sore or gritty.

What does eczema herpeticum look like?

Eczema herpeticum starts with groups of small blisters, occurring in normal skin or in areas affected by eczema or other skin conditions where the skin is inflamed. Further blisters can form over a period of 7 to 10 days and may spread, sometimes covering large areas of the face and body. The blisters at their outset contain a clear fluid which then develops into pus. They may weep or bleed, and heal in 2 to 4 weeks, rarely resulting in scars.

Eczema herpeticum can affect any part of the skin, but is most common on the face and neck.

How will eczema herpeticum be diagnosed?

Often, eczema herpeticum is recognised by its appearance, although it can sometimes be difficult to diagnose as it may be easily mistaken for bacterial infection or a severe flare of the eczema or predisposing skin condition.

A viral and bacterial swab from one of the blisters may be taken to confirm the infection. The eczema herpeticum sores may also become infected with bacteria, known as a secondary infection, which is common.

Can it be cured?

Yes – with antiviral treatment. However, the infection can reoccur in some people.

How is it treated?

Antiviral treatment should be given by a doctor as early as possible. Usually, this is in the form of tablets or syrup. However, some patients who are very unwell or in whom the infection is spreading rapidly or involving the eyes will require antiviral treatment into a vein which requires hospital admission. Whilst taking antiviral medication it is likely that you will be advised to continue

with your normal eczema treatments. Topical or oral antibiotics may be given if there is secondary bacterial infection of the skin.

What can I do?

- Inform your doctor, or if your condition is deteriorating quickly, the doctor in the A&E, if you have any of the above mentioned symptoms including discomfort of your eyes. You would need to be referred to an ophthalmologist if eye involvement is suspected.
- The herpes virus is contagious to certain susceptible individuals, so whilst affected with active eczema herpeticum it is advisable to avoid contact with newborn babies, young children, immunosuppressed people or other individuals with atopic eczema.
- People who have experienced eczema herpeticum should avoid close contact with relatives or friends with active cold sores.

Where can I get more information about eczema herpeticum?

Other information sources:

www.herples.org.uk

www.dermnetnz.org/viral/eczema-herpeticum.html (includes photographs)

The British Association of Dermatologists has a separate patient information leaflet on [herpes simplex](#).

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

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: individual patient circumstances may differ, which might alter both the advice and course of therapy 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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