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 widespread, potentially serious viral infection of the skin. It can affect people most commonly with atopic eczema and other inflammatory skin conditions.

What causes it?

Eczema herpeticum is caused by Herpes simplex virus HV1, the virus that causes cold sores; it can also be caused by other related viruses.

People with atopic eczema may experience perfectly ordinary cold sores, but rather than remaining confined to a small area of skin, the virus may infect large areas of skin. The reasons for this are not yet known.

Is it hereditary?

No.

What are the symptoms of eczema herpeticum?

Eczema herpeticum produces an itchy and sore skin eruption. It often causes high temperature and shivering, and makes you feel unwell. It may result in swollen lymph glands.
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. It can also be triggered by trauma or cosmetic procedures (lasers, skin peels, dermabrasion). 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 leaving scarring.

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 look for viral infection. Secondary bacterial infection is not uncommon.

Can it be cured?

Yes – with antiviral treatment. However some people do get further attacks.

How is it treated?

Antiviral treatment should be given by a specialist as early as possible. Usually, this is in the form of tablets or syrup, but some patients require hospital admission to have antiviral treatment given into a vein if the infection is spreading quickly or if they are very ill.

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.

- Although the condition is not contagious to normal people, it would be wise to avoid contact with newborn babies, young children, infirm or immunosuppressed people or other individuals with atopic eczema for fear of spreading the infection.
Where can I get more information about eczema herpeticum?

*Other information sources:*

www.herpes.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: 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**

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