VENOUS ECZEMA

What are the aims of this leaflet?

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

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, reducing drainage of blood from the legs. 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 on the leg veins. Immobility, leg swelling, varicose veins, previous clots in the leg (venous thrombosis) and previous cellulitis are other possible contributory factors.

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 and dryness of the skin to areas of inflamed eczema with red spots, scaling, weeping and crusting. Swelling of the legs may also be present. 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 or 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 clear up completely and people with this problem tend to have it for the rest of their life. However, some simple measures and treatments can greatly improve it and 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 losing weight and keeping active. 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 that you raise your legs as high as possible for at least part of the day, ideally above the level of your heart by lying down.

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 at all times during the day in order to support the veins. However, compression stockings should not be used in patients with arterial disease in the legs. Your dermatologist or doctor 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 at least twice daily for all the skin on the lower leg, whether affected or not; these make the skin more supple and can help to prevent the skin breaking down. Steroid creams and/or ointments are often added to moisturising treatment to treat itchy flares in venous eczema; these should be applied to the affected patches of skin only.
In some situations a varicose vein operation may be helpful.

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