# Everything You Need to Know About Follicular Eczema

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## Follicular Eczema - Causes, Symptoms, Treatment and Self-Care Strategies

Follicular eczema is a commonly misdiagnosed skin disorder. This type of eczema is similar in presentation to a variety of skin diseases, including keratosis pilaris, more commonly known as “chicken skin”. While keratosis pilaris is a harmless condition, follicular eczema can cause the skin to itch, ooze, crust, or flake off.

### What Is Follicular Eczema?

Follicular eczema, also known medically as patchy pityriasiform lichenoid eczema, is a variant of atopic dermatitis that causes the skin to develop papules or bumps in the hair follicles. This condition is common among Asians and African Americans.

In a 1966 paper, researchers Kitamura, Takahashi and Sasagawa first described this condition in Japan as a dry type of childhood eczema, characterized by multiple aggregated papules (lichenoid eruption) or pimple-like bumps. The lesion is usually plaque-shaped, and the affected skin is dry and scaly.

### What Are the Symptoms?

Patients with this type of eczema often complain of recurring skin dryness and rash, predominantly on the trunk, forearms and legs, that seems to worsen during winter. Itching is present but may not be severe.

Upon examination, the group of follicular papules form disc-shaped patches on the skin. The skin-colored, sometimes whitish gray, bumps look like “goosebumps” but are topped with fine scales or crust.

Follicular eczema may share similar symptoms with other skin disorders such as keratosis pilaris, lichen spinulosus (large patches of keratotic spiny papules), phrynoderma (follicular papules with central keratotic plug) and pityriasis alba (scaly reddish patches).

### What Causes Follicular Eczema?

Scientists are yet to figure out the exact cause of follicular eczema. Flare-ups can be triggered by stress, poor diet, pet dander and other environmental factors, such as heat, dust and pollen. Irritants like soaps, detergents, wool, or synthetic clothing can also trigger or worsen an existing rash.

### How Is It Diagnosed?

Dermatologists can diagnose many skin disorders through physical examination or simply by looking at the skin. However, since the presentation of eczema can overlap with other skin diseases, your doctor may ask for a patch test or allergy testing.

If the results from physical exams and patch tests are inconclusive, your doctor may perform a minor procedure called skin biopsy. The dermatologist will remove a small piece of skin and send it to the lab for testing.

Microscopic features of follicular eczema show spongiosis and the formation of blisters in the upper portion of the hair follicles. Spongiosis refers to intercellular edema or abnormal accumulation of fluid between the cells of the epidermis, which causes the skin to swell.

**How Is It Treated?**

This follicular variant of atopic eczema is usually treated with mid-potent topical steroids and moisturizing creams to combat dryness. In some studies, the rash usually resolves in three weeks. Most treatments for eczema are topical (applied to the skin), but severe symptoms may require oral medications.

Regular use of medical emollients can help restore the skin barrier and prevent eczema flares. They may also reduce the need for topical corticosteroids. Emollients are substances usually added to moisturizers or hydrating lotions to keep the skin soft and smooth.

Dermatologists often provide an emollient therapy package to their patients, which include an emollient cream and a wash product. Some patients will require more than one emollient product to ensure adequate coverage.

**How to Deal with Infected Eczema**

Swollen, red and painful rashes with pus-filled bumps are usual signs of infected eczema. Severe infections can cause fever and chills. Bacterial infections are treated by antibiotics, while steroid creams can help in reducing inflammation. If your eczema is frequently infected, you may need moisturizers with antiseptics.

**Helpful Self-care Tips**

- Use medicated dressings or dry bandages with emollients for areas with a long-term thickened rash.
- Wet wrap therapy or the use of an occlusive dressing with steroid ointment can be used for short-term treatment only.
- Use gentle, perfume-free soap and skin cleansers.
- Avoid hot baths.
- Avoid vigorous scrubbing when showering or towel drying.
- Moisturizers should be applied to the skin several times a day to protect the skin barrier.
- Avoid scratching, as it can cause breaks in the skin, which increases your risk of infection.

**When to See a Doctor**

Awareness of the types of eczema is essential for a correct diagnosis and getting the right treatment. You should make an appointment with your dermatologist or primary care doctor if your eczema is making you feel so uncomfortable that you are losing sleep and your daily routines are disrupted.

Your doctor will teach you how to recognize eczema flare-ups and they can give you a step-by-step care plan on how to manage them. It is important that you learn:

- How much of the medication to use
- How often you should apply treatments
- When and how to stop treatment
- How to treat infected eczema