



Are Your Eyelids Dry and Itchy? It Could Be Eczema

by AILEEN BARRO

How to Treat Eczema on Eyelids

Just like the rest of the skin, the eyelids are not immune to eczema. Steering clear of your triggers is the best way to prevent flares. But in some people, symptoms can be more severe and long-lasting. Check in with your dermatologist if your eyelids are red, itchy, swollen, and scaly. Here we will address the causes of eyelid eczema and how to treat eczema on eyelids.

Is It Eyelid Eczema or Something Else?

Eyelids play an important role in protecting our eyes from dust, light, and harmful substances. But the skin of the eyelids is thin (0.55 millimeters) and very sensitive. Antigens (toxins or enzymes that stimulate an immune response) can penetrate easily, making the eyelids susceptible to irritation and allergic reactions. Some people who have never had eczema will get skin reactions only in that area.

Eyelid eczema, also known as periorbital or periocular dermatitis, is often caused by contact with allergens or irritants from cosmetics, eye drops, skin cleansers, and nail polish.

Different types of eczematous conditions may manifest as an itchy rash around the eye area. In most cases, the rash is a diagnostic clue to an underlying skin disease, such as atopic dermatitis, seborrheic dermatitis, or psoriasis.

Autoimmune disorders, such as dermatomyositis and neonatal lupus, may also cause an eyelid rash. These conditions can be differentiated from eczema by their accompanying symptoms, which often include weight loss, muscle weakness, joint pains, and fever.

What It Looks Like

In general, eyelid eczema usually appears as red and scaly. Sometimes there are crusty and oozing plaques on either the upper or lower eyelid, or both. Your eyelids may also look swollen and feel itchy. Your symptoms usually depend on what is causing your eczema.

For example, if an irritant is causing your eyelid eczema, you may experience a burning or stinging sensation. If the culprit is an allergen, itching is often the most prominent symptom.

Common Causes of Eyelid Eczema

In most forms of eczema, the barrier function of the epidermis is abnormal, so the skin is easily irritated. You can get eyelid eczema if:

- Your skin is exposed to an irritant or allergen (contact dermatitis)
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- You have an underlying skin disease (atopic dermatitis or seborrheic dermatitis)

Investigating the root cause of eyelid dermatitis is challenging even to a trained dermatologist. There are more than 90,000 chemical substances in the environment today. Most of them can irritate the skin, and about 2,000 substances are recognized as contact allergens.

Contact Dermatitis

You may develop contact dermatitis after exposure to an offending substance. These include, but are not limited to household cleaners, metals, fragrance, cosmetics, medications, dust, pesticides, plants, latex, and pollen. There are two types of contact dermatitis based on a substance causing the reaction.

Allergic Contact Dermatitis

This is the most common cause of eczema on eyelids. Patients have prior exposure and sensitization before developing an allergic reaction. Usual symptoms are redness, itching, swelling, and scaling. In a study of 1,247 patients with eyelid eczema, the most frequently involved allergens are nickel and fragrances. Poison ivy is also a common allergen. Here are other examples of allergens:

- Gold
- Nail polish (acrylates)
- Cosmetic ingredients (fragrances, surfactants, and preservatives)
- Eye solutions (phenylmercuric acetate)
- Topical antibiotics (neomycin, gentamycin)
- Airborne allergens (ragweed, urushiol, dust, insecticide)

Irritant Contact Dermatitis

Many things can irritate the skin and cause eczema. Irritants from soap, cosmetics, and anti-aging creams (retinol) are the usual culprits. Symptoms often occur immediately and may persist with continuous exposure. Unlike allergic contact dermatitis, this type of eczema causes direct injury to the skin without a cell-mediated immune response. Here are some irritants to watch out for:

- Acids and alkalis
- Body fluids
- Hair dyes
- Nail polish
- Soaps and detergents
- Epoxy resins
- Wool
- Cement
- Ammonia
- Formaldehyde

Atopic Dermatitis

Patients with a history of childhood-onset eczema and other atopic conditions, such as asthma and hay fever, may develop eyelid dermatitis. Irritants are known triggers in people with atopic dermatitis. You may also develop allergic contact dermatitis from plant and animal proteins, such as pollen and animal hair.

Seborrheic Dermatitis

This is an inflammatory skin condition that commonly occurs in areas that produce a lot of oil, such as the scalp, ears, eyelids, nose, and upper back. Symptoms may include yellow scales or crust, redness, and itching.

What to Do About It

There are certain things you can do to help manage your symptoms. Here's how to treat eczema on eyelids in your day-to-day life. Make sure you always discuss your symptoms and treatments with your doctor too.

Proper Skincare

Use moisturizers or eye creams that are formulated for sensitive skin; ideally these should be fragrance-free without other fancy ingredients. Your goal is to keep this area moisturized to prevent dryness, as it can worsen scaling or flaking. Do not use lightening or exfoliating products. Petroleum jelly is safe for eyelid eczema.

Avoidance of Irritants and Allergens

If you have contact dermatitis, the priority is to identify the substance that is causing your skin to react. When you visit a dermatologist, provide a list of all the products and medicines you are using, including topical and oral drugs, cosmetics, perfumes, hair dye, nail polish, bleach, and detergent, to name a few.

In addition, your doctor will ask for your hobbies and occupation, as this will help determine if you have been exposed to an irritant or an allergen.

If you think your skin is reacting to a new skincare product, try to go "bare-faced" for a few days. If your skin improves, reintroduce products one by one to know whether one of them is causing the reaction.

Topical Anti-inflammatory Agents

Initially, your doctor may prescribe a low-potency topical corticosteroid for two to four weeks. Steroids are intended for short-term use only, as they may cause side effects. If needed, you will have to stop for about two weeks before resuming another treatment course.

If your condition does not improve after more than four weeks on topical steroids, you will be switched to a topical calcineurin inhibitor (tacrolimus or pimecrolimus). At first, you may experience a burning sensation when applying the product, which will improve with ongoing use.