



## PATIENT INFORMATION LEAFLET

# DISCOID ECZEMA

### WHAT ARE THE AIMS OF THIS LEAFLET?

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

### WHAT IS DISCOID ECZEMA?

**Eczema** (also called dermatitis) is a term used to describe conditions where there is inflammation affecting mainly the outer layer of the skin (the epidermis). There are different types of **eczema**. In some cases, the cause of eczema is known whilst in others it is not. Discoid eczema is a distinctive type of **eczema**. It differs from other types of eczema in that it has characteristic round or oval red patches of inflamed skin. Discoid eczema is sometimes also called nummular eczema – “nummular” means coin-shaped and “discoid” means disc-shaped.

Discoid eczema can occur at any age but is seen more frequently in adults. It is slightly more common in adult men than women.

### WHAT CAUSES DISCOID ECZEMA?

Often, the cause of discoid eczema is unknown. It can occasionally be triggered by skin contact with irritants or allergens (**contact dermatitis**). In some people, discoid eczema can be made worse by body washes, moisturisers or other materials coming to contact with the skin. Sometimes, discoid eczema may arise in old scars or areas where the skin has been damaged. Individuals with a type of eczema called irritant **contact dermatitis** of the hands may also develop discoid eczema elsewhere on the limbs or body.

Like other types of **eczema**, discoid eczema can worsen by heat, sweating, scratching, local infection, and dryness of the skin.

### IS DISCOID ECZEMA HEREDITARY?

No.

### WHAT DOES DISCOID ECZEMA LOOK LIKE AND FEEL LIKE?

The typical lesions of discoid eczema are coin-shaped red patches of skin which are extremely itchy. These irritated areas can appear on the arms, legs and other parts of the body. It is common that these patches appear in a symmetrical way, which means that if there is a patch on one arm, there may be a similar patch on the other arm, and the same goes for other body parts. These patches spread on the skin gradually over weeks to months. Most patches are between 1-3 cm in diameter, although they can be larger. As they progress, some patches may become circular in shape with clear (normal) skin in the middle.

Each patch begins as a small group of red spots and tiny bumps or blisters, which cluster together and grow rapidly into a red, swollen, round patch which often weeps or develops a crusted surface. On darker skin, these bumps and blisters can appear dark brown or paler than the surrounding skin. Lesions may become infected at a later stage. After a while, the patches become dry and scaly.

Discoid eczema often can be confused for other types of eczema such as atopic eczema. It is also common for it to be mistaken for ringworm.

Similar patches can also occur in other types of eczema, particularly **atopic eczema**.



Because of its appearance, sometimes discoid eczema can be mistaken for ringworm.

If untreated, discoid eczema may persist for months or years, often worsening and seemingly improving. It may come back (recur) at the same sites each time. This can also be seen if treatments are stopped too soon.

Patches may disappear without a trace, though in people with darker skin, light or dark marks may persist for months after the condition has cleared.

### HOW WILL IT BE DIAGNOSED?

Discoid eczema is usually diagnosed by its typical round or oval appearance. Sometimes it is misdiagnosed for a fungal infection. Tests may sometimes be needed to rule out other conditions; these may include:

- A skin biopsy - this is when a small sample of skin is cut out to look at under the microscope.
- [Patch tests](#) which identify whether a substance that comes in contact with the skin is causing inflammation of the skin, a condition called allergic contact dermatitis.
- Skin scrapings - skin scales are examined for signs of a fungal infection.
- Swabs may be taken to check for a bacterial infection.

### CAN DISCOID ECZEMA BE CURED?

No, treatments help to control the condition, but do not cure it. The treatments may put the condition into remission, which means that there may be no signs of it for a period of time, but it can then come back. Whilst discoid eczema has been known to disappear for no apparent reason, there is no guarantee that it will not reoccur.

### HOW CAN IT BE TREATED?

- Mild topical steroids are not usually strong enough to treat inflamed active discoid eczema. The mainstay of

treatment is a potent or very potent [steroid cream or ointment](#). This should be applied as prescribed to all affected areas, avoiding the surrounding normal skin, until the [redness](#) and swelling subsides. Treatment should be restarted at the first sign of recurrence (the symptoms coming back).

- Combination creams or ointments with steroid and antibiotics or antiseptics may be useful.
- Other prescribed non-steroid creams such as tacrolimus ointment or pimecrolimus cream may also be helpful to reduce inflammation.
- If infection occurs an antibiotic may be necessary, either as a combined preparation with the topical steroid or in tablet form.
- An emollient (moisturising) cream or ointment is usually helpful. It is essential if the surface of areas affected by discoid eczema are dry and scaly. This should also be applied to unaffected skin, especially if it is dry. The emollient should be continued long-term, even after the patches have cleared and the steroid preparation has been discontinued. Avoidance of things which can irritate the skin such as detergents and use of an emollient instead of soap is also recommended.
- Occasionally, ultraviolet light treatment may be recommended by your dermatologist. Courses of steroid tablets may be required for very severe discoid eczema, but this treatment is rarely needed. Persistent and troublesome discoid eczema is occasionally treated with immunosuppressant medications such as [methotrexate](#), [azathioprine](#), or [cyclosporin](#). Immunomodulators such as [dupilumab](#), [tralokinumab](#) or JAK (Janus Kinase) inhibitors, may be considered by a specialist.



**CAUTION:**

This leaflet mentions 'emollients' (moisturisers). Emollients, creams, lotions and ointments contain oils. When emollient products get in contact with dressings, clothing, bed linen or hair, there is a danger that they could catch fire more easily. There is still a risk if the emollient products have dried. People using skincare or haircare products should be very careful near naked flames or lit cigarettes. Wash clothing daily and bedlinen frequently, if they are in contact with emollients. This may not remove the risk completely, even at high temperatures. Caution is still needed. More information may be obtained at [www.gov.uk/guidance/safe-use-of-emollient-skin-creams-to-treat-dry-skin-conditions](http://www.gov.uk/guidance/safe-use-of-emollient-skin-creams-to-treat-dry-skin-conditions).

**WHERE CAN I GET MORE INFORMATION ABOUT DISCOID ECZEMA?**

*Web links to patient support groups:*

National Eczema Society

Web: [www.eczema.org](http://www.eczema.org)

Tel: 020 7281 3553

Eczema Outreach Support

Web: <https://eos.org.uk/>

Tel: 01506 840395

*Web links to detailed leaflets:*

[www.eczemacareonline.org.uk/en?language\\_set=1](http://www.eczemacareonline.org.uk/en?language_set=1)

[www.dermnetz.org/dermatitis/nummular-dermatitis.html](http://www.dermnetz.org/dermatitis/nummular-dermatitis.html)

[www.nhs.uk/conditions/Eczema-\(discoid\)](http://www.nhs.uk/conditions/Eczema-(discoid))

Jargon Buster

[www.skinhealthinfo.org.uk/support-resources/jargon-buster/](http://www.skinhealthinfo.org.uk/support-resources/jargon-buster/)

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.

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*This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel*

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**BRITISH ASSOCIATION OF DERMATOLOGISTS**

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