

## GRAVITATIONAL ECZEMA

Gravitational eczema, also known as varicose or stasis eczema is a common skin condition which affects the lower legs of adults. If left untreated, the skin can break down to form ulcers, which are then difficult to heal. This Fact Sheet tells you what causes varicose eczema and how it can be treated in the early stages to prevent ulcers from developing.

### Who gets gravitational eczema?

Gravitational eczema is usually seen in middle-aged or elderly people, but it can occur from teenage years onwards. You are most likely to develop this type of eczema if you have high blood pressure, varicose veins, or had a deep vein thrombosis or phlebitis in the past. Women have a much higher chance of developing gravitational eczema since female hormones and pregnancy increase the risk.

### What causes gravitational eczema?

Because humans walk upright, the pressure of the blood in the veins is greater in the lower leg than anywhere else in the body when you stand up. In active adults, the return of blood to the heart through leg veins is usually good as muscle activity helps to push blood along. But as we get older and less active the blood moves less well up our veins and can collect in the lower legs.

If the leg vein walls are weak, they cannot hold a high pressure in them and varicose veins develop, appearing as dark blue wiggly, raised bulges on the legs' surface. If someone in your family has varicose veins, the chances of you developing them are higher – if you are overweight or pregnant, your chances are even further increased. If you spend a lot of time standing up or sitting with your legs in one position (lack of mobility), the tendency to develop varicose veins is greater still.

Other conditions such as a blood clot in the leg vein (thrombosis), which can occur during a period of inactivity due to illness, or inflammation of the vein wall (phlebitis), can weaken the leg veins and also damage the valves which direct the flow of blood through them. Both conditions also make the leg veins less able to contain the pressure of blood in them, causing problems, sometimes years later.

If the vein walls are weakened and the blood moves rather sluggishly up the leg veins, fluid can pool in the lower legs and ooze through the vein walls into the surrounding space, causing the ankles to swell. This becomes especially noticeable in the evening after a day spent standing up during hot weather, when the legs ache and feel heavy. Blood may then leak through the very small vessels, causing red-brown speckled spots to appear on the skin which becomes hot and itchy – tiny blisters can also appear, usually just above the inside of the ankle.

Over a period of time, if left untreated, the skin becomes thin and fragile, and looks shiny and flaky. This skin may later crack if it becomes over-dry, or break down if scratched or picked. Because the skin is unhealthy, a knock to that

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area, for instance with a shopping trolley, can also break the skin and cause further irritation.

When the skin around the lower legs becomes speckled, inflamed and flaky, as described above, the condition is called gravitational eczema.

### **What causes a varicose ulcer?**

Skin affected by gravitational eczema is then and unhealthy and can easily break down – as soon as this happens the area should be treated to help the skin heal quickly. If left untreated, the small hole can deepen and widen, and the resulting wound is called a varicose ulcer, also known as a venous, or stasis, ulcer. These ulcers are typically found just above the inside of the ankle. They often ooze and can attract bacteria, both of which can aggravate the surrounding skin, making the eczema even worse.

Sometimes events can occur the other way round – gravitational eczema can develop for the first time around an existing ulcer or wound on the lower leg, but treatment remains the same.

### **How can gravitational eczema be prevented?**

There are a number of things you can easily do yourself to prevent gravitational eczema from occurring, as outlined below:

- If you have varicose veins, or have had phlebitis or a deep vein thrombosis, look after your legs – extra care and attention to your legs is needed for the rest of your life since gravitational eczema can occur years later. Lose weight if necessary. Weight Watchers can help: [www.weightwatchers.co.uk](http://www.weightwatchers.co.uk)
- Varicose veins can be cured, so consult your doctor if you think you have them. Veins near the surface of the leg are not essential and surgical removal will cure the problem. Sometimes a special injection into them can help. The longer prominent varicose veins are left, the less successful surgical treatment is – don't ignore the problem.
- If you have had phlebitis or thrombosis, or your varicose veins cannot be treated, your leg veins should be supported at all times. For mild cases, elastic support stockings, available from most pharmacies, are adequate and probably better than support tights. Surgical stockings or firm elastic bandages are sometimes necessary. Your doctor will advise on which type of leg support is best for you, but a few tips may help you:
  - If you need to wear surgical stockings, have them correctly fitted to prevent your ankles swelling. A specialist nurse, appliance officer or pharmacist will often check the fitting of your first pair.
  - Always put surgical stockings on before you get out of bed – your ankles are least swollen first thing in the morning, so put the stockings on before any fluid can build up.
  - Ordinary stockings or tights can be worn over the top of surgical stockings if you think they look unsightly.
  - If elastic bandages are required, make sure you know how to put them on. This is often tricky at first, so don't be afraid to ask at the doctor's surgery if you are not sure.
- Try not to stand still for a long time. If you have to, then frequently flex your feet e.g. tap your feet, rise up onto your toes, or bend down at the knees – this will help to keep blood moving in the veins.

- It is better to sit or walk than stand still, and it is even better to sit with your feet up! Whenever you get a chance to sit down, perhaps to watch television or read a newspaper, put your feet up on a stool at least the same height as the chair. If possible, raise your legs even higher so they are level with your chest, by lying on a bed or full length on a sofa! This will help to relieve aching legs and reduce ankle swelling.
- Exercise is important – a spot of brisk walking twice a day or walking up stairs, can make your leg muscles work and help push blood through their veins.

### **How is gravitational eczema treated?**

There are a number of treatments available to help keep your skin supple and prevent an ulcer. All the points on prevention should still be followed since these will also help improve the eczema.

- Keep the skin soft and supple by using an emollient, available on prescription from your doctor or over the counter at a pharmacy, to prevent the skin from cracking. People with gravitational eczema can develop an allergy to certain ingredients in creams, so find out what suits you. Ingredients likely to irritate the skin include perfumes, preservatives and occasionally lanolin, so avoid any product containing them. Cheap and simple creams, often as good as more expensive ones, such as aqueous cream, or a mixture of 50% petroleum jelly (Vaseline) plus 50% liquid paraffin are both available from pharmacies.

If you react to a lot of creams, your GP may suggest a visit to a dermatologist for patch testing to find out what you are sensitive to.

- Apply emollient to your legs at least twice a day or more often if your skin is really dry – emollients can be used all over your body if your skin is generally dry. Lightly apply the emollient in smooth downward strokes so that the skin glistens.
- A special bath emollient to prevent skin dryness is also available from your doctor or pharmacist. Added to the bath water, this will make your skin feel more comfortable, but the bath will be very slippery so be careful – ask for help when getting into and out of the bath or use an anti-slip mat in the bath. Hot water will cause dehydration of the skin and itchiness – so bathe or shower in cool to warm water.
- Avoid using soap and bubble bath – these dry out the skin and can irritate the eczema. Aqueous cream or emulsifying ointment can be used as soap substitutes – rub onto wet skin in place of soap. Don't use liniments or alcohol rubs on your legs as these irritate the skin and dry it out further.
- Protect patches of gravitational eczema with a pad or bandage under support elastic stockings – socks and trousers will also protect the lower leg but make sure clothing doesn't cut into the flesh – tops of stockings and socks, underwear and waistbands should all be loose fitting.
- A mild to moderate topical steroid creams are available from your doctor if the eczema is very itchy, but only apply it to areas of eczema. Never use a cream prescribed for someone else's eczema!
- Bandages covered in tar (Coal tar paste or Tarband®), or ichthyol (Ichthaband® or Ichthapaste®) can be very soothing when applied to the eczema – they also reduce the scaliness and protect the skin from knocks and scratching. However, they can irritate the skin, and occasionally allergies may develop, so tell your doctor if your eczema gets worse after using them.

- If the skin becomes hot and inflamed, begins to ooze or look different, or if you feel feverish and sweaty, see your doctor, since a skin infection could be starting. If antibiotic tablets are prescribed, always complete the whole course even if your skin soon looks better.
- If the skin is oozing and crusty, a wet soak may be advised, usually potassium permanganate dissolved in water. Soak the leg in this solution, or soak a flannel in it, and leave on the area for 15 minutes. This treatment does stain your skin (and the bath) so use it carefully!
- Other special dressings are available if an ulcer develops, these are best used under the supervision of a doctor or nurse.

### **Will I always have gravitational eczema?**

This type of eczema can be an on-going problem. The condition flares and wanes but if a good skin care routine is in place it will help to prevent the eczema starting up. If it does appear, don't be too worried; extra care and attention to that area can often clear the problem up and prevent the skin breaking down. You may be left with some discolouration of the skin as part of the post inflammatory process. Preventative measures are very important and should be continued long term, but you will find that once you get into a routine, they will soon become a way of life!

The National Eczema Society is grateful to Nurse Practitioner Jill Peters for reviewing and updating this fact sheet.

### **Disclaimer**

The information contained in this fact sheet is a general guide only. Individual circumstances differ and the National Eczema Society does not prescribe, give medical advice or endorse products or treatments. We hope you find this information useful, but it does not replace and should not replace the essential guidance given by your doctor or nurse.

Updated and Revised April 2006  
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