Introduction

With any genital condition it is important that you have the correct diagnosis made by your doctor so that any possible underlying conditions can be identified and treated. Please do not feel embarrassed about asking for a proper examination to be performed.

There are different types of eczema that could affect the genital area, including atopic eczema, seborrhoeic dermatitis, allergic contact eczema and irritant contact eczema. (For more information on the different types of eczema, please visit the NES website or contact our Helpline.)

Genital eczema frequently affects the penis, scrotum, groins, the skin around the opening of the anus and the skin between the cheeks of the buttocks (perianal eczema). Your GP should refer you to a dermatologist for a clear diagnosis of eczema and to rule out the possibility of fungal or yeast infections, psoriasis or other genital conditions.

If you have genital eczema, it is not always possible to discover the cause. However, genital skin can be particularly prone to irritation because of sweating, tight clothing, and friction between skin surfaces. Soaps, bubble baths, shower gels, talcum powder, baby/hygiene/feminine wipes, perfumes, personal deodorants, haemorrhoid preparations, antiseptics such as Dettol, Savlon and TCP, and similar products can also trigger eczema. Urine and faeces are especially irritating to the skin, and incontinence always makes any genital condition worse and harder to treat. If you are incontinent of urine, faeces, or both, discuss this with your doctor or nurse, who can refer you to specialist teams. Trying to manage the problem with wipes or pads may make the eczema worse. Don’t feel embarrassed about it.

Treatment

If you experience genital irritation, it is better to seek medical help than to self-medicate, since some over-the-counter treatments contain potentially allergenic and irritant ingredients. Your doctor will usually prescribe emollients and topical steroids to treat genital and perianal eczema.

Emollients can be applied to the genital area as required. They should be re-applied after bathing or showering and can also be used as a soap substitute and to cleanse the skin after opening your bowels.

Steroids are safe to use in the genital area as long as they are of the correct strength and are used appropriately. The skin here can absorb topical steroids more readily than in other parts of the body, and topical steroids should therefore be used carefully in the genital area. They only need to be used once or twice a day, as prescribed, and a 30 g tube should normally last at least 3 months. It is important to avoid prolonged or over-use of combination steroid preparations, in particular those containing certain antibiotics such as neomycin, which may cause allergic contact dermatitis.
Ointment-based topical treatments contain fewer potential allergens than creams, so are especially suitable for sensitive areas. Since ointments are greasy, they generally spread easily and are well absorbed. However, creams are easier to spread on hair-bearing skin.

If using a topical steroid, apply this at least half an hour before using an emollient. (Please see the NES factsheets on Emollients and Topical Steroids.)

Itching

Genital eczema can cause embarrassment because the area is intensely itchy, leading to scratching. Anti-itch preparations may be helpful in relieving severe itching and discomfort, but local anaesthetics should be avoided as they may cause an allergic contact dermatitis. Ask the pharmacist if you are uncertain about a product’s ingredients.

Some people develop an allergy to nail varnish, so if your partner wears it and you think this may be causing problems for you, see if leaving it off makes a difference.

If the itching persists, don’t try to treat yourself – seek medical advice. You may be offered a blood test if, by reference to your medical history, your healthcare professional thinks it necessary – for example, ferritin (iron) levels might be checked as iron deficiency anaemia can cause itching; or you may need further tests such as patch testing to exclude allergic contact dermatitis.

If night-time itching is a problem, an antihistamine may help you to sleep.

Hygiene

It is important to keep the genital area clean. However, washing the area too much may encourage further irritation, especially if abrasive sponges or flannels are used. Uncircumcised males should pull back the foreskin in order to wash the head of the penis.

Wash with warm water and an emollient soap substitute or use your usual leave-on emollient cream for washing. Avoid soaps, antiseptic washes, moist tissue wipes, bubble bath, deodorant, perfume, fragrance and any other products that could irritate and dry out the skin. Also, avoid using shampoo in the bath or shower since it could inadvertently come into contact with the genital area and cause irritation. If you do need to shampoo your hair in the bath, apply your emollient cream to the genital skin first and then rinse it off after you have rinsed your hair.

Good hand hygiene is important when using emollients and topical steroids – always wash your hands before and after applying treatments. If possible, use emollients from a pump dispenser. If you are using cream or ointment from a pot, do not put your hands in and out of the pot as there is a risk of infection – instead, use a clean spoon or spatula to decant the amount you need to use from the pot.
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If you wish to remove hair in the genital area, waxing and shaving products may irritate the skin further. Using your emollient wash product may be a more gentle option on the skin. (And while you're there, it’s a good idea to check your testicles for lumps once a month after a warm bath or shower.)

Clothing

Comfortable, loose cotton clothing will help to lessen irritation and friction. It is best to wear loose-fitting underwear and to avoid thongs and tight trousers.

Most people prefer to use a non-biological washing powder to wash their clothes. Finding the most suitable one is a case of trial and error. You may find that you need to wash at 60 °C or higher for the non-biological powder to clean your clothing effectively and remove the grease from emollients. Always ensure that your clothing is rinsed well. It is best to avoid fabric conditioners since they contain fragrance and other ingredients that might cause irritation or an allergy.

Piercing and tattoos

Body piercing does not cause eczema, but problems can occur later on as a consequence. Nickel allergy is very common and the chance of this developing is greatly increased if you have body piercing and use cheap metal jewellery. Having a tattoo also increases the risk of developing a contact allergic dermatitis to dyes especially PPD (p-Phenylenediamine). There is also a high risk of pierced and tattooed areas becoming infected.

Sex

Be careful not to use topical steroids shortly before having sex, on an area that is going to transfer them onto your partner. You need to let the topical steroids be completely absorbed into the skin first. As long as you do this, topical steroids should not cause any problems. The same applies to oral sex.

Sperm fluid (semen) can make irritant eczema worse; however, a true allergic reaction to sperm or sperm fluid, which in its severest form can cause an anaphylactic reaction, is exceptionally rare.

Barrier contraceptives

Most condoms, diaphragms and caps are made from latex rubber and generally do not cause problems for people with eczema. However, some people have an allergy to latex or other rubber ingredients and they should use products made from material such as polyurethane or silicone.

Spermicides can also irritate the skin. If this is a problem or concern, discuss this with your pharmacist, doctor, or staff at your family planning clinic.
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Emollients and topical steroid creams can affect the integrity of condoms and diaphragms, so be aware that their effectiveness will be reduced if creams have been applied recently.

Lubricants

Personal lubricants (or lubes) are specialized lubricants that help to reduce friction, pain and discomfort during sexual acts. There are many types available and choice is a very individual thing. Water-based lubricants are water-soluble and are the type most commonly used. They do tend to dry out during use, so you may need to reapply them or add water to reactivate them. Silicone-based lubricants are usually formulated with fewer than four ingredients and do not contain any water. Silicone lubricants feel different to water-based ones and, since they are not absorbed by skin or mucus membranes, last longer.

Conclusion

Genital eczema can be treated. It is important that you use the products prescribed by your doctor or dermatologist, and attend appointments in order that the condition can to be monitored and treatments changed if necessary.

Resources

National Eczema Society:
www.eczema.org/factsheets

British Association of Dermatologists:
www.bad.org.uk/

New Zealand Dermatological Society:
http://dermnetnz.org/

Shah. Common skin conditions affecting the genitals:

DermNet NZ (2014) Balanitis:
www.dermnetnz.org/site-age-specific/balanitis.html

DermNet NZ (2013) Seborrhoeic dermatitis:

DermNet NZ (2013) Allergic contact dermatitis:
www.dermnet.org.nz/dermatitis/contact-allergy.html
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Useful organizations

BROOK ADVISORY SERVICE
(Clinics throughout the UK for young people under 25 for contraception, sexual and relationship problems)
www.brook.org.uk

FAMILY PLANNING ASSOCIATION
www.fpa.org.uk

LATEX ALLERGY SUPPORT GROUP
www.lasg.org.uk

NHS CHOICES CONTRACEPTION
www.nhs.uk/Conditions/contraception-guide/Pages/contraception.aspx

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We are dedicated to improving the quality of life of people with eczema and their carers.

Eczema affects FIVE MILLION adults and children in the UK every year.

All our information is clinically evidence based and written by or verified by dermatology experts.

The National Eczema Society receives no Government or Health Service funding, relying entirely on voluntary income from the general public, companies and Trusts.

**DISCLAIMER**

These details are provided only as a general guide. Individual circumstances differ and the National Eczema Society does not prescribe, give medical advice or endorse products or treatments. We hope you will find the information useful but it does not replace and should not replace the essential guidance given by your general practitioner, dermatologist or dermatology nurse.