

Female genital eczema factsheet

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 carried out.

There are different types of eczema that can affect the genital area, including atopic eczema, seborrhoeic dermatitis, allergic contact dermatitis and irritant contact dermatitis. For more information on these different types of eczema, please visit the National Eczema Society website or contact our Helpline.

Female genital eczema can be very uncomfortable. In addition to the vulva, genital eczema frequently affects the skin around the opening of the anus and the skin between the cheeks of the buttocks (perianal eczema). If you think you have eczema in the genital area, please see your doctor for an examination, so you can be correctly diagnosed and treated. Do bear in mind that there are other causes of inflamed, sore skin, such as fungal and yeast infections (thrush), and sexually transmitted infections (STIs), which can affect people with eczema and might need to be ruled out by your doctor. The menopause can cause vaginal dryness, and may cause additional vulval dryness, which can be another source of irritation and itching, and may make genital eczema worse.

Your GP might refer you to dermatology, particularly if allergic contact dermatitis is suspected or diagnosis is uncertain. Some dermatology departments have dedicated vulval clinics with female dermatologists, who will examine you and may take a biopsy (a small sample of skin from your vulva to confirm diagnosis).

It is not always possible to discover the cause of genital eczema, although it can sometimes be due to a contact allergy. However, genital skin can be particularly prone to irritation. Irritation can be caused by 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, sanitary protection or pads may make the eczema worse. Please do not 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 (steroid creams and ointments) to treat genital and perianal eczema.

Emollients can be applied to the genital area as often as required. They should be reapplied after bathing and showering. Use emollients as soap substitutes and avoid all soap and cosmetic washes. It is also a good idea to wash with emollients after opening your bowels to prevent infection when the skin is inflamed (is red or darker than your usual skin tone, depending on skin colour) and sore. Emollients can also alleviate vulval dryness, caused by the menopause.

Female genital eczema factsheet

Topical steroids are safe to use in the genital area as long as they are of the correct strength and are used appropriately. The genital skin absorbs topical steroids more readily than other parts of the body, and topical steroids should therefore be used carefully in this area. Topical steroids are generally used once a day, or as prescribed, and a 30g tube should normally last at least 3 months. It is also 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. If combined topical steroids and antibiotic creams are prescribed for infection, they should be used for a maximum of 14 days, after which time you should return to using plain topical steroids if the eczema is still flaring.

Ointment-based topical treatments contain fewer potential allergens than creams, so are especially suitable for sensitive areas. Since ointments are greasy, they spread easily and are well-absorbed. However, creams are easier to spread on hair-bearing skin.

When using a topical steroid, leave a gap of 20-30 minutes between applying it and an emollient. This is to avoid diluting the topical steroid or transferring it to areas where it is not needed. It does not matter which is applied first.

Try to apply the topical steroid at the opposite time of day to when you usually have sex.

Itching

Genital eczema can be intensely itchy, leading to scratching. Anti-itch preparations, including anti-itch emollients (Balneum Plus, E45 Itch or Dermacool), 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. You can keep your cream-based emollients in the fridge, as a cold application can be more soothing.

If you find yourself scratching and wear nail varnish, try leaving the varnish off and see if that makes a difference, as over time you could have developed an allergy to it.

If the itching persists, do not 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.

Itching may also occur due to yeast infections and STIs, which can cause intense itch and make genital eczema worse. If you have any symptoms (e.g. a cottage cheese-like or offensive discharge), ask a healthcare professional for further advice.

If night-time itching is a problem, a sedating antihistamine may help you 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. Wash with warm water and an emollient soap substitute or your usual leave-on emollient. Avoid soaps, antiseptic washes, moist tissue wipes, bubble baths, deodorants, perfumes, fragrances or any other products that could irritate and dry out the skin. Also, avoid using shampoo in the bath 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 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/tub, 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.

Female genital eczema factsheet

Always wipe the genital and perianal area from front to back to avoid infection. Irritant eczema may be worse during menstruation, so use sanitary towels or tampons that are unperfumed, comfortable and do not irritate. You may need to try several products to find ones that suit your skin.

If you wish to remove hair in the genital area, waxing and shaving products may irritate the skin further. Using your emollient instead of shaving cream may help.

Clothing

Comfortable, loose-fitting clothing will help to lessen irritation and friction. It is best to avoid tight trousers and tights – stockings are preferable. Avoid thongs. Underwear made from 100% cotton, bamboo or silk – or at least containing a high proportion of these materials – should be more comfortable, as natural fibres are less likely to irritate the skin. See National Eczema Society's Clothing Stockist factsheet for underwear stockist suggestions.

Most people with eczema prefer to use a non-biological laundry detergent 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 detergent to clean your clothing effectively and to remove the grease from emollients. Always ensure that your clothing is rinsed well. It is best to avoid fabric conditioners because they contain fragrance and other ingredients that bind to the clothing fibres to soften them; these 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 (particularly when black henna or dye is used) increases the risk of developing an allergic contact 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 (including oral sex) on an area that is likely to transfer them onto your partner. They need to be absorbed into the skin first. Topical steroids only need to be applied once a day, so try to apply them at a different time of day to the time you usually have sex. As long as you leave time for them to absorb, topical steroids should not cause any problems.

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 therefore use products made from material such as polyurethane or silicone.

Spermicides can also irritate the skin. If this is a problem or concern, discuss it with your pharmacist, doctor, or staff at your family planning clinic.

Emollients and topical steroids can affect the integrity of condoms and diaphragms, so be aware that the effectiveness of these contraceptive methods will be reduced if creams/ointments have been applied recently.

Lubricants

Personal lubricants (or lubes) are specialised lubricants that help to reduce friction, pain and discomfort during sexual activity. There are many types available and individuals will have different preferences. 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

Female genital eczema factsheet

ones and, since they are not absorbed by skin or mucus membranes, last longer.

Conclusion

Genital eczema can be treated and controlled, but as with all types of eczema, it is often a long-term condition with no cure. It is important that you use the products prescribed by your doctor or dermatologist, and attend appointments in order for the condition to be monitored and treatments changed if necessary.

Useful organisations

British Menopause Society

www.thebms.org.uk

British Society for the Study of Vulval Disease

www.bssvd.org/patient-information

Brook

(Services throughout the UK for young people under 25 for contraception, sexual and relationship advice)

www.brook.org.uk

FPA, the sexual health company

www.fpa.org.uk

Latex Allergy patient information sheet

(British Association of Dermatologists)

www.bad.org.uk/for-the-public/patient-information-leaflets

Vulval Pain Society

www.vulvalpainsociety.org

DISCLAIMER

Our publications contain information and general advice about eczema. They are written and reviewed by dermatology experts, with input from people with eczema. We hope you find the information helpful, although it should not be relied upon as a substitute for personalised advice from a qualified healthcare professional. While we strive to ensure the information is accurate and up-to-date, National Eczema Society does not accept any liability arising from its use. We welcome reader feedback on our publications, please email us at info@eczema.org

Factsheet last reviewed July 2021.

© National Eczema Society, June 2019. All rights reserved. Except for personal use, no part of this work may be distributed, reproduced, downloaded, transmitted or stored in any form without the written permission of National Eczema Society.



National Eczema Society is the UK charity for everyone affected by eczema. We help support people with eczema, providing information and advice, which we deliver through our website, social media, campaigns, publications and nurse-supported Helpline. We also provide a voice for people with eczema, raising awareness of the condition, supporting research into new treatments and campaigning for better medical care.

National Eczema Society is a registered charity in England and Wales (No. 1009671) and in Scotland (No. SC043669). Registered Office: 11 Murray Street, London NW1 9RE

National Eczema Society Helpline: 0800 448 0818 Email: helpline@eczema.org www.eczema.org