

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 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).

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). There are other causes of red, sore skin, such as yeast infections and sexually transmitted infections (STIs), which might need to be ruled out by your doctor. Your GP might also 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).

If you have genital eczema, it is not always possible to discover the cause, although sometimes it can be due to a contact allergy. 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, sanitary protection 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 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 red and sore.

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 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 you should return to using plain topical steroids if the eczema is still flaring.

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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).

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

Itching

Genital eczema can cause embarrassment because the area is intensely itchy, leading to scratching. Anti-itch preparations, including anti-itch emollients (Balneum Plus or E45 Itch), 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 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 develop an allergy to it.

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. 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 or 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.

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 don't irritate. You may need to try several products to find which ones 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 wash product may be a more gentle option.

Clothing

Comfortable, loose cotton clothing will help to lessen irritation and friction. It is best to avoid tight trousers and tights – stockings are preferable. Wear loose-fitting underwear (100% cotton or silk is more comfortable as natural fibres will not be irritating) and avoid thongs.

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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 to 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 (particularly when black henna or dye is used) 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 likely to transfer them onto your partner. You need to let the topical steroids be completely absorbed into the genital area 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 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 with your pharmacist, doctor, or staff at your family planning clinic.

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 specialised 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 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 Society for the Study of Vulval Disease (BSSVD)

www.bssvd.org

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

Vulval Pain Society

www.vulvalpainsociety.org

DISCLAIMER

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