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5 Types of Eczema You Should Know, Because There's Actually More Than One

Welcome to eczema 101.



Not-so-fun fact: There are way more types of eczema out there than you might realize. “Eczema” is often used as a blanket term to describe different types of rashes, Joshua Zeichner, M.D., a New York City-based board-certified dermatologist and director of cosmetic and clinical research in dermatology at Mount Sinai Medical Center, tells SELF. In general, these rashes will make it feel like your skin has taken you hostage, encasing you (or part of you, at least) in an itchy shell. Beyond that, each type of eczema has its own distinct features.

“I see patients with eczema many times a day because there are so many types,” Cynthia Bailey, M.D., a diplomate of the American Board of Dermatology and president and CEO of Advanced Skin Care and Dermatology Inc., tells SELF. Here are the common types of eczema dermatologists want you to know.

1. Atopic dermatitis

“This is the classic eczema,” Gary Goldenberg, M.D., assistant clinical professor of dermatology at the Icahn School of Medicine at Mount Sinai Hospital, tells SELF, meaning it’s the one most people are thinking of when they hear the word “eczema.” That’s fitting, since atopic dermatitis is indeed the clinical name for plain ol’ eczema, as opposed to the other items on this list, which are special forms of eczema.

Atopic dermatitis is not to be confused with contact dermatitis, which is basically any skin inflammation caused by direct contact with an irritating substance—like poison ivy, makeup that irritates you, or even a toxic substance like pepper spray.

Atopic dermatitis is most common in children, according to the American Academy of Dermatology, but about half of people who develop atopic dermatitis as a kid will have milder signs of the condition as an adult.

These symptoms run the gamut. They include dry skin, itching, and red or brownish-gray patches that can appear anywhere—like your scalp—but are most likely to pop up on your hands, feet, ankles, wrists, neck, upper chest, eyelids, and inside the crooks of your elbows and knees, according to the Mayo Clinic. Atopic dermatitis can also appear as thick, cracked, scaly skin or small bumps that might release fluid, then crust over if you scratch them. This can lead to skin infections, which is why it’s key that anyone with atopic dermatitis is under a dermatologist’s care.

While researchers are still trying to figure out what exactly causes atopic dermatitis, it seems to run in families that have a history of the condition, or of asthma or hay fever, the AAD says.

Treatment options depend on how severe your atopic dermatitis is, but they generally center around increasing your skin’s moisture and calming itchy inflammation or irritation. Your doctor might recommend creams or ointments with those goals in mind, the Mayo Clinic says. They may also suggest a bare minimum of times you should moisturize each day, plus other lifestyle modifications, like using a humidifier to try to add more moisture to the air.

You might think you can just handle all of this on your own, but your doctor may also be able to ID things that are irritating your hypersensitive skin without you realizing it.

“Proper skincare is extremely important in treating eczema,” Dr. Zeichner says. “The right skin care products can keep your skin under control, but the wrong ones can make it worse.” Here are some eczema-friendly products to look into—ask your doctor if you’d like more specific guidance from there.

2. Dyshidrotic eczema

This just...shouldn’t even exist. Dyshidrotic eczema makes very small, fluid-filled blisters bubble up on your skin, typically on the palms of your hands, sides of your fingers, and soles of your feet, the Mayo Clinic says. “It is intensely itchy,” Dr. Bailey says. “It can be very debilitating,” she adds, which makes sense if you think about how often you use your hands and walk on your feet.

The blisters usually last around three weeks and, once they dry out, your skin might be scaly in the aftermath, the Mayo Clinic says. Relentless, the blisters usually come back for another go, sometimes before your skin even has a chance to heal completely from the previous round.

You have a higher risk of developing dyshidrotic eczema if you also have atopic dermatitis, contact dermatitis, dyshidrotic eczema in your family, or hay fever, the AAD says. People who have sweaty or moist hands may also have flares every spring and summer when the temperature rises and they're more prone to perspiring. Finally, the condition is more common in people whose hands are wet a lot throughout the day like health care workers, hairstylists, and florists, as well as people who work with cement, chromium, cobalt, or nickel, the AAD says.

There are a few ways to treat this condition, per the Mayo Clinic, including corticosteroid creams and ointments to speed up the blisters' progress. The only way to figure out what exactly is best for you is to discuss your case with a doctor so you can get back to using your hands and walking around in peace.

3. Nummular dermatitis

Sometimes called discoid eczema, this describes coin-shaped or oval sores that may pop up on your skin after an injury like a burn, abrasion, or insect bite (because apparently those just aren't enough?). Nummular dermatitis usually starts on your legs, torso, arms, hands, and feet as tiny, red spots and blister-like sores that weep fluid and crust over, the AAD says. Then different spots actually join together and grow into a distinct coin-shaped patch. The patches can last for weeks or even months, itching and burning as they stick around.

Experts aren't 100 percent sure why people get nummular dermatitis, but risk factors include having injured your skin in some way, having very dry skin, living in a cold, dry area, or having some other form of eczema like atopic dermatitis. Your risk may also rise if you take medications like isotretinoin (which is used to treat severe acne) and interferon (which is used to treat several cancers and some viral infections), the AAD says. Having a sensitivity to substances like nickel may also play a role.

Doctors generally treat nummular dermatitis with drugs to reduce inflammation and itchiness, the AAD says. But, if your oozing blisters create a portal for a bacterial skin infection, you may also need an antibiotic. Your doctor will also recommend that you hydrate your skin really well, the AAD says, and they can offer specific tips to help you do just that.

4. Seborrheic dermatitis

Seborrheic dermatitis, sometimes known as seborrheic eczema, mainly impacts people's scalps. It usually causes scaly patches, red skin, and, yup, dandruff that just won't quit. It can also impact other oily areas of your body like your face, the sides of your nose, and your eyebrows, ears, eyelids, and chest, the Mayo Clinic says.

Experts aren't 100 percent sure what causes seborrheic dermatitis, but they think it may have something to do with a yeast called malassezia that's normally in your skin's oil secretions, according to the Mayo Clinic. An overactive immune system may also be a factor.

Treatment generally includes things like drugs to control inflammation and antifungal shampoos to combat yeast overgrowth, the Mayo Clinic says. You may even be able to use these shampoos on parts of your body besides your scalp that are affected, or use mild shampoo to wash areas like your eyelids. As with many other conditions, warding off seborrheic dermatitis involves babying your skin while using the right combination of products to make your skin behave as well as possible. Your doctor can help you land on the right mix of methods for you.

5. Stasis dermatitis

Also called venous eczema, this condition is distinct from others on this list in that it's linked with poor circulation. Since poor blood flow usually happens in your lower legs, this is where stasis dermatitis most often crops up, the AAD says. Insufficient circulation can make fluid build up in your legs, creating pressure and making it hard for oxygen and blood to reach your skin, which is when symptoms arise.

Swelling around your ankles is usually the first sign of stasis dermatitis, the AAD says. The swelling tends to happen when you sleep and come back the next day. Discolored skin and varicose veins can also be early signs. As stasis dermatitis progresses, you might grapple with dry, cracked, itchy skin, red or purplish open sores, sores that leak fluid and scab over, and shiny skin.

Stasis dermatitis is largely an issue for people over the age of 50, the AAD says, but having varicose veins, high blood pressure, a history of blood clots, many pregnancies, being very overweight, or having a heart condition that reduces blood flow can increase your risk at any age.

Doctors may choose to treat stasis dermatitis with compression stockings to reduce swelling, a corticosteroid cream to reduce inflammation, an antihistamine to treat the itch, and a moisturizer that's free of fragrances, dyes, or perfumes to help with the dry skin, the AAD says. With that said, like all the other conditions on this list, treatment will depend on the specifics of your particular dry, itchy, aggravatingly inflamed case.