



EYELID DERMATITIS

The medical term “dermatitis” means “skin irritation”, thus “eyelid dermatitis” covers a broad variety of eyelid skin rashes, presenting as red, swollen eyelids. It is also called “eyelid eczema”.

The most common causes that induces swelling and redness of the eyelids are contact dermatitis, atopic dermatitis, and blepharitis . *More information on blepharitis can be found in [this fact sheet](#).*

Eyelid skin is especially vulnerable to irritants and allergens because of its thinness and frequent exposure to chemicals, via direct application or contamination from fingers and hands .



Burning sensation



Itchy eyes



Red eyes

CAUSES

WHAT CAN CAUSE EYELID DERMATITIS?

Contact dermatitis may be related to allergy or to irritation¹. Allergic contact dermatitis involves the immune system reacting against a specific substance called “allergen”, whereas irritant contact dermatitis is the result of toxic substances or physical conditions coming into contact with the eyelids and damaging and irritating the skin².

Contact dermatitis is more often caused by a product applied to the hair, nails, or face than by products applied directly to the eyelids¹. The irritant is then transferred from the contaminated fingers when touching the eyelids.

Irritating substances that may cause irritant contact dermatitis include³:

- Soaps and detergents
- Acids and alkalis
- Chemicals, such as chlorine in swimming pools
- Dust particles
- Hydrophobic substances (molecules that repel water, i.e. drying agents)
- Cosmetics such as eyeliner, eye shadow, mascara and sunscreen.

Physical circumstances may also cause irritant contact dermatitis:

- Extreme temperature (heat or cold)
- Humidity extremes (dry or moist)
- Mechanical (rubbing or scratching).

Allergic contact dermatitis is related to 7 main allergen groups. In descending order: metals, shellac, preservatives, topical antibiotics, fragrances, acrylates, and surfactants⁴.

Metals are part of jewelry, eyelashes curlers and eyewear (glasses), but are also used in cosmetics, such as makeup, nail lacquers, skin cleansers and moisturizers. *Of course, the amount of metals in cosmetics is very small, but allergy may be triggered by incredibly tiny amounts of allergens*.

Shellac, preservatives, fragrances, acrylates and surfactants are commonly used in cosmetics, skincare products, perfumes, artificial nails and nail lacquers, soaps and shampoos^{3,4}. Thus, the use of cosmetic products increases the risk of allergies as well as irritative contact dermatitis in eyelids, which probably explains why women are much more frequently affected than men.

Eyelid contact dermatitis may also be triggered by airborne allergens, such as dust mite and pollens³.



Atopic dermatitis is a chronic skin disease caused by an abnormal response of the immune system and a very dry, itchy skin that does not play fully its protective role of barrier, which makes it prone to irritant and allergic dermatitis². It usually starts in childhood and is often⁵ associated to allergic diseases such as asthma or hay fever⁵. In most cases, there is a family history of atopic dermatitis and allergy.

SYMPTOMS

WHAT ARE THE SYMPTOMS OF EYELID DERMATITIS?

The eyelids with dermatitis are swollen and red, with an itching, burning or stinging feeling, and sometimes with small clear blisters¹. As time goes by, chronic inflammation causes a fine scaling, and the skin becomes thicker and hard, with fine cracks.

Timing of onset can help the diagnosis: **allergic contact dermatitis** typically occurs within 24-96 hours following contact with the allergen, whereas irritant contact dermatitis appears shortly after exposure to the irritant.

It is said that swelling and redness are more pronounced in contact dermatitis than in atopic dermatitis, which more often involves scaling and skin thickening¹. But actually, both types of dermatitis look very alike, especially when atopic dermatitis is complicated by allergic or irritant contact dermatitis¹ and the two diseases overlap.

The skin affected by dermatitis may also become infected, causing weeping and yellow crusting².

DIAGNOSTIC

HOW TO DIAGNOSE AN EYELID DERMATITIS PROBLEM?

In atopic dermatitis, people often have allergic diseases and other areas of the skin are affected.

In contact dermatitis, to identify the causative agent may be tricky as there are many of them, widespread in our environment and daily routines. To make identification more difficult, the products involved in the dermatitis may have been applied directly on the eyelids, but also may have been transferred from the hands by rubbing or scratching the eyes³.

As cosmetics are frequently involved, you can remove all of them (including nail varnish, perfume sprays and hair dye) during a few days: if your eyelids improve, the culprit is among the withdrawn products. You will know which one is responsible by reintroducing them one by one and monitoring if the symptoms come back². This is close to a criminal inquiry, but worth the pain to solve the puzzle and get rid of the

offender.



If you are not able to reach a conclusion by yourself, and if the dermatitis persists, you should consult a dermatologist², who will be more aware of possible irritants or allergens, and will investigate thoroughly your occupation, hobbies and activities for clues.

In case of airborne allergens such as pollen, animal hair or dust mites, other forms of allergy such as asthma, hay fever or allergic conjunctivitis are often associated.

If an allergy is suspected, patch tests may be performed by an allergologist³. This involves applying several suspected allergens on different small skin areas for 48 hours. Reactions usually take 48–96 hours to develop, thus the test is read 96 hours after application. If you are allergic to one of the tested products, a patch of dermatitis will occur at the application site of the offending allergen, with redness, possible swelling and vesicles or even blisters⁷. Patch tests are valid only for allergic dermatitis and cannot help in irritant dermatitis⁸.

TREATMENT

WHAT TREATMENTS ARE AVAILABLE FOR EYELID DERMATITIS?

Contact dermatitis needs total avoidance of the offending agent, either irritant or allergen¹.

The first line treatment for dermatitis are emollients⁸. Those are actually moisturizers with ingredients that soften and smooth the skin.

Short courses (5 to 10 days) of local mild steroid may be prescribed to control inflammation¹. Steroid should be progressively discontinued once symptoms have improved, by tapering the dose, in order to prevent a rebound flare of the dermatitis that may occur when steroids are abruptly withdrawn. Topical calcineurin inhibitors may be applied twice a day for short periods to mitigate the flares, or twice a week on non-consecutive days as maintenance treatment. When using topical calcineurin inhibitors, sun protection is mandatory: sunblock, hat and sunglasses.

Allergic contact dermatitis and atopic dermatitis involve the same treatments, with the addition of oral antihistamine for atopic dermatitis¹ that aims to cool down the immune allergic reaction.

When atopic dermatitis is widespread on the body and affects the quality of life, other oral or injectable specific treatments are recommended⁸.

CAN I GET RID OF EYELID DERMATITIS NATURALLY ?

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CAN EYELID DERMATITIS CAUSE COMPLICATIONS?

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IS OLIVE OIL A SUITABLE OINTMENT FOR EYELID DERMATITIS?

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HOW LONG DOES IT TAKE TO GET RID OF EYELID DERMATITIS AND IS THERE A RISK OF RELAPSE?

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IS EYELID DERMATITIS CONTAGIOUS?

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