Eczema (dermatitis) of the breast or nipple is no different to eczema elsewhere on the body. It is an inflammation of the skin and there are several different types of eczema. The most common is called atopic eczema and this tends to occur in people with allergic tendencies but there are other types of eczema and other causes. The natural oily barrier in the skin can be reduced in people with eczema and this leads to a loss of water from the skin and a drying out of the skin.

**Eczema can cause the skin to**

- Feel dry
- To become red and inflamed
- To feel itchy
- To become blistered and weepy
- Occasionally become infected

Eczema may come and go and can flare up from time to time. The flare ups will vary from person to person, and will vary in how long they last.

**The treatment for eczema is in three parts**

1. **Avoid irritants and triggers**
   - Avoid soap, bubble baths, shower gels etc when you wash. They dry out the skin and make it more prone to irritation. Instead use a soap substitute plus a bath/shower moisturiser (emollient) - see under no.2
   - Avoid biological washing powders/fabric conditioners to wash your clothes as these can sometimes cause problems. Rinse the clothes well on an extra rinse cycle if necessary.
   - Try not to scratch, keep nails short. If you do need to scratch the area rub gently with fingers rather than nails.
   - Wear cotton clothes next to the skin
   - Avoid getting too hot or too cold
   - Stress can sometimes be a trigger
   - Pollens, fungi and pets can also be triggers
2. **Emollients (moisturisers)**

- Wash with an emollient in the bath or shower such as E45 shower wash or aqueous cream. These products can be bought over the counter or prescribed by your GP. It may take a while to find a product that suits you. Some are more thick and greasy than others, some are lighter.

- After a shower or a bath pat the skin dry, do not rub the area and then apply an emollient to the skin to moisturise the skin. (Aqueous cream can irritate and thin some skins when used as a moisturiser and so is best just used as a wash, but E45 is good to moisturise with.) Avoid moisturisers with colourants or perfumes. Continuing to moisturise when the skin looks normal is important as stopping can cause the eczema to return.

3. **Steroid cream**

- Topical steroid creams/ointments work by reducing the inflammation in the skin

- They can be mild such as hydrocortisone or stronger such as betamethasone.

- Steroids can be used in a flare up of eczema and then stopped when it has completely gone. In many cases a course of 7-14 days is enough to clear it up, but sometimes a longer course is necessary. Repeat courses of steroids may be needed from time to time. This will vary from person to person.

- Usually start with the lower strength steroids but stronger strength may be necessary. Hydrocortisone can be bought over the counter but stronger steroid will need a prescription.

- The steroids should be applied as small amount, in a thin layer, at night after the moisturiser has been put on, to the area of concern.

- Short courses of steroids, less than four weeks, are safe and should not cause problems. Longer courses repeated frequently may cause other problems with the skin.

You will have been to the breast unit at Addenbrooke’s and the serious nipple problem called Paget’s disease will have been ruled out. However, if the eczema does not settle with the above advice, you should go back to your GP who will be able to give you further help and information.
We are a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

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Document history
Authors
Dr E Cox
Pharmacist
Brendan O’Sullivan
Department
Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk
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