CONDITION

Nummular eczema

Nummular eczema causes itchy, inflamed patches of skin that are usually round or coin-shaped.

WHAT IT IS
Coin-shaped patches of inflamed, itchy skin

BODY SYSTEM
Skin

MAIN SYMPTOMS
Round patches, itching, scaling, oozing

WHAT CAUSES IT
Unknown; skin-barrier and immune inflammation involved

HOW IT IS DIAGNOSED
Skin examination, sometimes fungal scraping, patch testing, or biopsy

MAIN TREATMENT
Moisturisers and anti-inflammatory skin treatments

CAN IT BE CURED?
Sometimes - patches clear but may return

IS IT AN EMERGENCY?
Sometimes - fever with rapidly spreading red, painful skin

LONG-TERM OUTLOOK
Often clears with treatment but recurrences are common

Overview

Nummular eczema is a type of eczema that causes round or oval patches of inflamed skin. "Nummular" means coin-shaped. The patches can be intensely itchy and may be dry and scaly or wet and crusted.

The condition often affects the arms, hands, legs, or body. It can develop in one area or appear in several places at once. It is not contagious, so you cannot catch it from someone or pass it to another person.

Nummular eczema matters because persistent itching can disturb sleep, damage the skin, and increase the chance of infection. Its ring-like appearance can also resemble fungal infections such as ringworm. Getting the correct diagnosis is important because these conditions need different treatments.

A patch may last for weeks or months. Treatment can clear it, but new patches may develop later.

Symptoms

The main symptom is one or more clearly defined, round or oval patches. Skin colour affects how inflammation looks. A patch may appear pink or red on lighter skin and red-brown, purple, grey, or darker brown on deeper skin tones.

Patches may:

The edges are often easier to see than the centre. This can make a patch look like ringworm, although ringworm more often has a raised, scaly outer edge and some clearing in the middle. Appearance alone may not reliably tell them apart.

Common locations include the lower legs, forearms, backs of the hands, and trunk. The face and scalp are less commonly affected. Some people have only one patch, while others develop many.

- Itch, burn, or feel sore
- Begin as groups of small bumps or blisters
- Leak clear fluid and form crusts
- Become dry, cracked, or scaly
- Thicken after repeated rubbing or scratching

Causes and risk factors

The exact cause of nummular eczema is unknown. It appears to involve inflammation and a weakened skin barrier. The skin barrier is the outer layer that keeps moisture in and irritants out.

Very dry skin is an important risk factor. When skin loses water, it becomes easier for soaps, chemicals, allergens, and minor injuries to trigger inflammation.

Possible triggers include:

Stress does not directly cause every case, but it may worsen itching or contribute to a flare in some people. Scratching then causes more inflammation, creating an itch-scratch cycle.

Certain medicines have been linked to nummular eczema-like rashes, but this is not the usual cause. Do not stop a prescribed medicine without medical advice.

- Cold, dry weather or low indoor humidity
- Frequent bathing or washing with hot water
- Harsh soaps, fragrances, solvents, or cleaning products
- Scratches, insect bites, burns, or other skin injuries
- Contact allergy to substances such as metals, fragrances, or preservatives
- Swelling and poor circulation in the lower legs

Diagnosis

A healthcare professional can often diagnose nummular eczema by examining the shape, surface, and location of the patches. They may ask when the rash began, what makes it worse, and whether you have used any new skin products or medicines.

There is no single blood test that confirms the condition. Tests may be used when the appearance is unusual or treatment has not worked as expected.

A gentle skin scraping can be examined for fungus to rule out ringworm. A swab may be taken if there is fluid, pus, or crusting that could indicate a bacterial infection.

Patch testing may be suggested when contact allergy is suspected. During this test, small amounts of possible allergens are placed on the back and checked for a delayed skin reaction. Less often, a small skin sample called a biopsy is examined under a microscope to exclude another condition.

Treatment and management

Treatment aims to repair the skin barrier, reduce inflammation, control itching, and treat infection when present.

Regular moisturising is central to care. Thick, fragrance-free creams or ointments usually hold moisture better than thin lotions. They are often most useful after washing, while the skin is still slightly damp. A healthcare professional or pharmacist can help you choose a product that suits your skin and daily routine.

Topical corticosteroids are anti-inflammatory medicines applied to the skin. They are commonly used during active flares. Their strength and length of use are chosen according to the severity and location of the eczema. Follow the instructions you receive, because delicate areas and thicker skin may need different approaches.

Other management steps may include:

A clinician may consider a non-steroid anti-inflammatory skin medicine when corticosteroids like prednisone or hydrocortisone are unsuitable or repeated treatment is needed in a sensitive area. Medicines that reduce itching may sometimes help with sleep, but they do not correct the underlying skin inflammation.

Antibiotics like amoxicillin or doxycycline are used only when there is evidence of bacterial infection. They do not treat uncomplicated eczema.

If nummular eczema is widespread or does not improve with skin treatments, a dermatologist may offer phototherapy. This uses controlled ultraviolet light. More powerful medicines that affect the immune response are reserved for severe or persistent cases because they require careful monitoring.

Ringworm can worsen if it is treated only with a corticosteroid. A patch that is expanding or not responding as expected should be reassessed rather than repeatedly treated without a clear diagnosis.

- Washing with lukewarm rather than hot water
- Using a gentle, fragrance-free cleanser or soap substitute
- Avoiding products that sting or worsen the patches
- Keeping fingernails short to limit scratching damage
- Wearing soft, breathable clothing against the skin
- Using dressings or wet wraps when advised

Complications

Scratching can break the skin and allow bacteria to enter. Signs of infection can include increasing pain, warmth, swelling, pus, yellow-gold crusting, or redness that spreads beyond the original patch.

Repeated rubbing may make the skin thick and leathery. After a patch heals, it may leave a lighter or darker mark. This colour change often fades gradually, but it can remain for months and may be more noticeable on deeper skin tones.

Persistent itching can affect sleep, concentration, mood, and comfort. Permanent scarring is not typical, although deep scratching or infection can increase the risk.

Prevention

Nummular eczema cannot always be prevented because its exact cause is not known. If you have had it before, protecting the skin barrier may reduce the chance or severity of another flare.

Moisturise regularly, especially in dry weather and after bathing. Keep showers or baths brief and avoid very hot water. Choose fragrance-free skin products and protect your hands when using cleaning chemicals or solvents.

If a particular product, metal, fabric, or workplace substance repeatedly triggers a rash, avoiding that exposure may help. Patch testing can sometimes identify a contact allergy.

Treat new patches early according to your care plan. This may limit scratching and help prevent them from becoming thick, cracked, or infected.

Living with it and what to expect

Individual patches may improve over several weeks with suitable treatment, although some take longer. Wet or crusted areas usually become drier and flatter as inflammation settles. Discolouration can remain after the itching and scaling have stopped.

Some people have one episode that clears. Others have flares from time to time, particularly during cold weather or when their skin becomes very dry. A previous site may become inflamed again, and new patches can appear elsewhere.

Long-term management usually focuses on regular moisturising, avoiding known triggers, and treating flares promptly. Treatment may need to change if the patches become infected, spread widely, or stop responding.

Nummular eczema does not normally damage internal organs or limit life expectancy. Most people can continue their usual activities, although active patches may make sleep, exercise, work involving irritants, or certain clothing uncomfortable.

When to get medical help

Arrange a routine appointment if you develop a new coin-shaped rash, especially if you are unsure whether it is eczema or ringworm. Seek review if the rash is spreading, repeatedly returning, interfering with sleep, or not improving with the treatment you were given.

Contact a healthcare professional promptly if a patch becomes increasingly painful, warm, swollen, or covered with pus or yellow-gold crust. These changes can suggest infection.

Seek urgent same-day medical help if you have:

Call emergency services if you become confused, faint, severely weak, or have difficulty breathing. These are not usual features of nummular eczema and may indicate a serious infection or another emergency.

- Rapidly spreading redness or swelling
- Fever or chills with worsening skin symptoms
- Red streaks extending away from a patch
- Severe pain that is out of proportion to the rash
- Blisters or open sores spreading quickly

Common questions

Is nummular eczema contagious?

No. It is an inflammatory skin condition, not an infection that spreads between people. However, fungal ringworm can look similar and is contagious, so an uncertain rash may need examination or a fungal scraping.

Is nummular eczema the same as ringworm?

No. Nummular eczema involves skin-barrier damage and inflammation, while ringworm is caused by a fungus. Both can produce round, scaly patches. Using the wrong treatment may make the rash persist or change its appearance.

Can nummular eczema go away permanently?

Sometimes. A single episode may clear and never return, but recurrence is common. Keeping the skin moisturised and managing known triggers may reduce flares, although it cannot guarantee that they will not return.

Why does it itch more at night?

Warm bedding, dry skin, and fewer distractions can make itching feel stronger at night. The itch-scratch cycle may then disturb sleep and worsen the patches. Treating the inflammation and keeping the skin moisturised can help break this cycle.

Will it leave scars?

Scarring is uncommon. Temporary lighter or darker marks are more likely, especially after strong inflammation. These can take months to fade. Infection and deep, repeated scratching make lasting marks more likely.

Can I shower when I have nummular eczema?

Yes. Use lukewarm water, keep washing brief, and avoid harsh or fragranced cleansers. Pat rather than rub the skin dry, then apply your moisturiser soon afterward.

Sources

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