



Authoritative facts about the skin from the [New Zealand Dermatological Society Incorporated](#).

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Pompholyx

Pompholyx is a common type of [eczema](#) affecting the hands (cheiropompholyx), and sometimes the feet (pedopompholyx). It is also known as *dyshidrotic eczema* or *vesicular eczema* of the hands and/or feet.

Clinical features

The first (acute) stage shows tiny blisters (vesicles) deep in the skin of the palms, fingers, instep or toes. The blisters are often intensely itchy or have a burning feeling. The condition may be mild with only a little peeling, or very severe with big blisters and cracks which prevent work.

The later and more chronic stage shows more peeling, cracking, or crusting. Then the skin heals up, or the blistering may start again. One site may be blistering, while another is dry and cracked.

Severe pompholyx around the nail folds may cause [nail dystrophy](#), resulting in irregular ridges and chronic [paronychia](#) (nail fold swelling).

Pompholyx



What is the cause of pompholyx?

The exact cause is not known. Some investigators consider it is caused by abnormal sweating.

Complications

Secondary infection with [staphylococcal bacteria](#) is not infrequent. The result is pain, redness, swelling and crusting or pustules.

Infected pompholyx



Aggravating factors

As in other forms of [hand dermatitis](#), pompholyx is aggravated by contact with irritants such as water, detergents and solvents. Contact with them must be avoided as much as possible and protective gloves worn to prevent additional [irritant contact dermatitis](#). Some people with pompholyx are found to be allergic to [nickel](#), a common metal. Nickel allergy can be detected by [patch testing](#). These patients must try not to touch nickel items.

Pompholyx often runs a chronic course, but may go away for long periods. It often reappears after a period of nervous tension, worry or stress. Unfortunately pompholyx does not have any quick sure cure.

Treatment

Treatment varies with the stage of the disease.

Cool compresses

Soaks or compresses using weak solutions of Condy's crystals ([potassium permanganate](#)), aluminium acetate, or vinegar in water, are applied for 15 minutes four times a day. This will dry up blisters. Compresses are not suitable for dry eczema.

Emollients

[Emollients](#) or hand creams, eg. dimeticone barrier cream, should be applied liberally and frequently to keep the skin soft.

Topical steroid

Potent [topical steroids](#) should be applied to the affected areas nightly. They help reduce inflammation and itching. The more potent products should not be used for more than two weeks unless your doctor advises otherwise. Steroid creams are used when the skin is blistered or weeping. Steroid ointments are used for the chronic dry stage.

Antibiotics

Antibiotics such as [flucloxacillin](#) should be prescribed by your doctor for secondary infection.

Systemic steroids

Sometimes cortisone preparations are prescribed by tablet or injection for severe cases. The condition clears dramatically but may recur just as severely after the medication is stopped. Long term treatment with these [systemic steroids](#) is rarely advisable because of undesirable side effects.

PUVA therapy

[PUVA](#) therapy can be useful in selected cases. This is a special kind of ultraviolet (UV) treatment. Several times weekly the affected areas are soaked in a special solution (psoralen), before exposure to long wave UV light. Treatment is usually continued for several months. Usually the measures described result in satisfactory control. Sooner or later the eruption subsides and disappears.

Other medications used occasionally for pompholyx include;

- [methotrexate](#)
- [dapsone](#)
- [azathioprine](#)
- [botulinum toxin](#) (to prevent sweating)

Related information

On DermNet NZ:

- [Dermatitis](#)
- [Hand Dermatitis](#)
- [Irritant contact dermatitis](#)
- [Nickel](#)
- [Patch testing](#)
- [Topical steroids](#)
- [Systemic steroids](#)
- [PUVA](#)

Other websites:

- [AllAllergy.Net](#): Allergy and intolerance information resource
- [Dyshidrotic eczema](#) – emedicine dermatology, the online textbook

DermNet does not provide an on-line consultation service.

If you have any concerns with your skin or its treatment, see a [dermatologist](#) for advice.

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