thebmj Visual summary

Periocular rash: diagnosis guide

Skin problems around the eyes can be challenging to diagnose because of a wide differential. It can be useful to combine information from a focused history of the rash with a detailed examination

HISTORY
Start by taking a focused history of the rash, including time course and symptoms

MORPHOLOGY
Presence or absence of inflammation can be important, as can the appearance of any erythema

DISTRIBUTION
Consider examining the whole skin surface, not just the periocular site

Acute onset conditions

		HISTORY	MORPHOLOGY	DISTRIBUTION
Oedema with no erythema	**Lymphoedema**	Swelling is usually permanently present but is often worse in mornings	Periocular swelling without significant erythema	Swelling of the face and neck is common
	Angioedema	Acute, often dramatic onset	Periocular swelling without significant erythema. Wheals may be present	Often associated with oedema of lips, tongue, and larynx
Presence of erythema	**Contact allergic dermatitis**	Typically presents 24 to 48 hours after exposure to an allergen	Scaly rash. Papules may also be present	Localised or generalised, with rash starting at the point of contact
	Irritant dermatitis	Caused by direct irritant effects of a substance that has been in contact with the skin	Scaly rash. Papules may also be present	Tends to be localised to affected site; the eyelids are particularly susceptible
Systemically unwell	**Erysipelas**	Acute spreading infection	Erythema with visually indistinct borders, oedema, warmth, and tenderness	Principally involves the dermis and subcutaneous tissue
	Periorbital cellulitis	Infection may be due to superficial tissue injury (such as insect bite or chalazion	Erythema with visually indistinct borders, oedema, warmth, and tenderness	Occurrs in the eyelid tissues superficial to the orbital septum

Chronic conditions

		HISTORY	MORPHOLOGY	DISTRIBUTION
Relevant personal or family history	**Atopic eczema**	May be personal or family history of atopy	Itchy erythema with papules, plaques, and associated epidermal scale	Often affects the upper eyelids. Flexural involvement common
	Psoriasis	Can be triggered by illness, stress, or drugs	Erythematous scaly plaques, sometimes associated with blepharitis	Usually around the eyes, but can also koebnerise into areas of trauma or dermatitis
Scaly erythema	**Seborrhoeic dermatitis**	Associated with chronic neurological conditions including Parkinson's disease	Scaly erythematous rash. Papules may also be present	Affects highly sebaceous areas. On head: eyebrows, forehead, nasolabial folds, ears, and scalp
Papules, pustules, or telangiectasia	**Rosacea**	Characterised by episodes of remission and recurrence	Combinations of erythema, telangiectasia, papules, and pustules	Mainly around the central face. May also feature eyelash 'dandruff', gritty feeling eyes
History of steroid use	**Perioroficial dermatitis**	Often seen in those who have been using topical or inhaled corticosteroids	Erythematous papules and pustules	Often around the mouth, with sparing of the vermillion border
Dyspigmentation the predominant feature	**Congenital dyspigmentation**	Longstanding conditions such as vascular malformation and congenital naevus	Vascular malformation: port-wine stains; Congenital naevus: benign brown or black naevi	Congenital naevus may affect the eyelid, sclera, and conjunctiva, or just the eye
	Acquired dyspigmentation	Vitiligo, facial melanosis, systemic conditions, melanocytic lesions, and exogenous causes	Altered pigmentation. Generally more prominent in darker skin types	Various, depending on underlying cause
Photodistributed	**Photosensitive rash**	Differential includes cutaneous lupus, dermatomyositis, and other connective tissue disorders	Erythema on prominences of the face (cheeks, nasal bridge, and ears)	Sparing of shaded parts of the face, such as upper eyelids and behind ears