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ECZEMA VARICOSUM

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A variety of eczema is named usually from the primary or consecutive type of lesion that predominates, e.g., erythematous, papular, vesicular, pustular, squamous, crusted, or fissured, eczema; or from some prominent clinical symptom, e.g., eczema rubrum, eczema madidans. Occasionally an eczematous lesion takes its name from its most important etiological factor, e.g., eczema intertrigo, eczema varicosum. The legs are a common site for eczema in patients past middle life and although varicose veins may be present for years before the development of an eczema it is undoubtedly true that the varices, when present, exert a strong influence upon the character and course of the malady, and that the disturbance of circulation predisposes to and frequently determines the outbreak of eczema cruris. The disease appears almost invariably, and is always more prominent, on the lower half of the leg. It may start as any of the primary varieties, but although the erythematous and papular forms are common, the vesicular is uncommon and the pustular is quite rare. They all evolve rapidly, as a rule, into one of the secondary types, eczema squamosum, rubrum or madidans, but some of the elementary lesions often persist at the border or in the neighborhood of the secondary patch. The course is nearly always protracted and in any long-standing case the infiltration and induration of the skin are apt to become very pronounced, sometimes sufficiently to justify the appellation eczema sclerosum. Exceptionally the thickening and the associated edema are so considerable as to suggest elephantiasis. The natural furrows of the skin are accentuated. Occasionally petechiae or larger purpuric spots are found scattered about the patch. Papules and dry patches are apt to be dusky red or

even violaceous and thus resemble in color the lesions of lichen planus. After some time the skin becomes more or less darkly pigmented and the brownish stain is usually permanent. The nutrition of the skin is frequently so impaired in old cases that there results a complete disorganization in places with the formation of shallow, shelving, sluggish ulcers, *ulcera varicosa*. The leg is the only region in which eczema leaves permanent traces either as scars or pigmentation. **DIAGNOSIS:** The localization, the associated varices, the protean and often multiform character of the early lesions, the brawny induration, pigmentation and tendency to ulceration in the later stages, together with the other characteristics of the various forms of eczema, elsewhere described, tend to make the diagnosis usually very easy. **TREATMENT:** The treatment is substantially that of the corresponding lesional or secondary types in other regions, combined with the treatment of the varices. (See *E. erythematosum*, *E. rubrum*, *E. squamosum*.) The essential thing is relief of the blood stagnation. That alone may effect the cure of a mild case, and without it all other measures are sometimes of no avail. The best method is to put the leg at rest horizontally. When that is unfeasible the leg should be wrapped from the toes to the knee or higher with a two-inch wide, cotton elastic webbing bandage. To protect the bandage from the salves, lotions or the eczematous discharge it is best to cover the leg smoothly with layers of gauze, and a sheet of oiled silk if necessary, supported by a stocking, and then apply the bandage evenly over all. The pressure should be moderate and uniform, and cause no discomfort. The dressing should be renewed once a day or oftener.