

# Skin conditions

January 2025

## Health series



## Our Information Team and resources are here to help

Please see our website for up-to-date information:  
[downs-syndrome.org.uk](https://downs-syndrome.org.uk)

If you have any questions, then please get in touch with our helpline by calling 0333 1212 300 or by emailing us on [info@downs-syndrome.org.uk](mailto:info@downs-syndrome.org.uk).

Helpline Monday - Friday 10am-4pm | Telephone: 0333 1212 300



**Skin conditions are really common in people who have Down's syndrome.**

**These conditions are all treated in the same way as for people without Down's syndrome.**

**This factsheet can't cover all the different skin conditions, but it does cover those that are more common, more troublesome, or more likely to occur in people who have Down's syndrome.**

### **Skin infections**

The immune system in people who have Down's syndrome is often weaker and less efficient than in those without Down's syndrome. This means they are more likely to suffer with infections, including skin infections.

The following lists contain some of the most common infections.



## Longstanding (chronic or recurrent) infections

- Folliculitis

Infection of the hair follicles. This affects about 10% of people who have Down's syndrome and causes patches of small red bumps or white-headed spots on the skin. It can be worse after shaving or using hair removal creams. It might be caused by bacteria, viruses or fungi. Particular types of folliculitis can occur after using hot tubs.



- Furunculosis

Another name for furuncles is boils. These are larger, often deeper in the skin, may be red and may be very painful. When there are several furuncles this is called furunculosis. Several furuncles clumped together is called a carbuncle.

More information can be found here: [nhs.uk/conditions/boils/](https://www.nhs.uk/conditions/boils/)



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- Hidradenitis suppurativa

This is a condition in which boils develop in and around the sweat glands, usually in the armpits, groin or buttocks. Sometimes there may be channels from the sweat glands to the skin, which can leak fluid.



These infections may need long courses of antibiotics and body washes. It can help if light clothing is worn, and if areas that are prone to getting sweaty are washed regularly and dried properly. If the person is overweight, losing weight can help. Boils (collections of pus) may need to be drained (the pus removed) or even the whole boil removed, although this doesn't solve the issue and they often return. If these infections become recurrent, then it may be useful to check for other factors which can worsen the situation, such as diabetes, iron deficiency or immune system problems (over and above Down's syndrome alone).

These infections are often painful, irritating and frustrating, but are rarely dangerous. If areas of skin become more red and/or painful, if the person develops a fever or if they become more unwell, then this may be a sign of a more worrying infection and you should seek medical attention.

### **Infections which need urgent treatment**

- Cellulitis

This type of skin infection causes red, hot, sore skin. The person may also feel quite unwell and may have a fever. Cellulitis needs prompt treatment with antibiotics, or it can spread and cause more serious illness.

More information can be found here: [nhs.uk/conditions/cellulitis/](https://www.nhs.uk/conditions/cellulitis/)

- Impetigo

This type of infection causes areas that are red, sore and weeping, often with yellow crusting. Again, the person may feel unwell and may have a fever. Impetigo can spread, particularly if you touch the sore areas. Sometimes this is treated with creams and sometimes antibiotics are required.

More information can be found here: [nhs.uk/conditions/impetigo/](https://www.nhs.uk/conditions/impetigo/)



- “Scalded skin”

This type of infection causes blisters which can grow and spread quickly, making the person very unwell. It can look very similar to scalded skin, hence the name. Treatment is with antibiotics.



## Other infections

- Fungal skin infections

These include things like Athlete’s Foot and Ringworm (which is not caused by worms). Fungal infections are often quite itchy and can spread from person to person, or around the body, after scratching, so it’s important to keep hands clean, nails short and to try not to scratch. They are usually treated with antifungal creams, sprays or powders.



More information can be found here:  
[nhs.uk/conditions/ringworm/](https://www.nhs.uk/conditions/ringworm/)

- Warts and Veruccas

These are caused by a virus and can spread from person to person or around the body. There are many types of treatment which can be bought over the counter, and many home remedies also. None are really any better than any others, and most warts and verrucas will go eventually.

More information is available here:  
[nhs.uk/conditions/warts-and-verruccas/](https://www.nhs.uk/conditions/warts-and-verruccas/)



- Molluscum contagiosum

This causes little raised, rounded, shiny spots which have a central depression or pit on them. They do not usually need treatment and will eventually go on their own (although this may take a few months or more).

More information can be found here:  
[nhs.uk/conditions/molluscum-contagiosum/](https://www.nhs.uk/conditions/molluscum-contagiosum/)



- Scabies

This is caused by a tiny mite that burrows under the skin. It causes an incredibly itchy rash and can spread very easily between people. It often affects the hands first, with burrows (lines, under or in the skin, with spots at the end of them) seen between the fingers, but it can spread all over the body. Treatment is with body washes and it is important to treat everyone in the household.

More information can be found here:  
[nhs.uk/conditions/scabies/](https://www.nhs.uk/conditions/scabies/)



## Dry skin conditions

Dry skin (xerosis) is more common in people who have Down's syndrome. If this is uncomfortable, unperfumed moisturisers can help. Thickened, dry skin on the palms and soles can affect up to 40% of people who have Down's syndrome (palmoplantar keratoderma).

### Eczema and Dermatitis

People who have Down's syndrome have about the same chance as people without Down's syndrome of having eczema. Eczema is caused by inflammation in the skin, usually in response to an allergy or irritation. The skin can be very dry, scaly, red and itchy. Facial eczema, causing red cheeks, is more common in people who have Down's syndrome than in those without.

Eczema is treated with moisturisers (emollients) which are best applied at least three times a day and in large amounts. Some people may need to use soap substitutes. Steroid creams can help with flare-ups. Eczema can also become infected and medical help should be sought if this happens.

More information can be found here: [nhs.uk/conditions/atopic-eczema/](https://www.nhs.uk/conditions/atopic-eczema/)



### Psoriasis

This is more common in people who have Down's syndrome. Overgrowth of skin cells causes raised, dry plaques of skin, with silvery scales. There may also be joint pains and swellings. It is thought to be caused by an immune system problem. Creams can help, including vitamin D and steroid creams, which can be prescribed by a GP.



More information can be found here: [nhs.uk/conditions/psoriasis/](https://www.nhs.uk/conditions/psoriasis/)

## Keratosis Pilaris

This is a form of dry skin which is more common in people who have Down's syndrome. It often develops during teenage years and clears up in adult years. There is a build up of keratin in the hair follicles and the skin becomes quite dry and scaly. There may be tiny raised bumps which can look and feel like "goosebumps". Sometimes it can be itchy. It is not caused by an infection and is not dangerous. Exfoliating the skin can help.

More information can be found here: [nhs.uk/conditions/keratosis-pilaris/](https://www.nhs.uk/conditions/keratosis-pilaris/)

## Seborrhoeic dermatitis

This affects about a third of people who have Down's syndrome and causes a red rash with yellow-brown scales, mostly in the scalp, on the face, behind the ears and on the upper chest and back. The skin can look quite greasy and it may be itchy and flaky. It is caused by inflammation in the oil-producing glands in the skin. Often, no treatment is required. Soap-free washes and light moisturisers can help and, if make-up is worn, use products that do not block the pores.



Seborrhoeic dermatitis can be worse with stress. There is some evidence that eating fruit can help to reduce flare-ups. Seborrhoeic dermatitis on the scalp can cause dandruff.





## Around the mouth

### Dry, chapped lips

This is very common in people who have Down's syndrome, particularly if unwell with coughs and colds, or if the person spends a lot of time breathing through their mouth (for example, if they have a blocked nose, large tonsils or obstructive sleep apnoea). Keeping the lips well-moisturised and protected with balms or ointments can help.

### Angular Cheilitis

This is much more common in people who have Down's syndrome. It causes sore skin at the corners of the mouth, including redness, oozing and crusting. It can be worse with any of the following: dry or chapped lips, oral thrush, dentures (especially if poorly-fitting), nutritional problems (coeliac disease, deficiencies of vitamin B12, iron, folate, zinc or protein), and smoking. It may last just a short time, or several months, or it may come and go. There is no cure, although reducing the risk factors listed above can help, as can avoiding licking the lips, and keeping the lips and corners of the mouth moisturised and protected with ointments or balms.



### Skin rubbing

Skin rubbing against skin can be very painful and can lead to infection and breakdown of skin. This happens more commonly in areas such as the neck, under the breasts and in the groins. Petroleum jelly (such as Vaseline) can be applied as a barrier between the layers of skin. Washing regularly and drying properly can also help.

## Skin conditions related to the circulation

Some skin conditions are related to the blood vessels and the circulation to the skin. These tend to be more common in people who have Down's syndrome. They can be worse when the person is in a cold environment.

Although these can all be present in someone who is otherwise well, they can also be a sign that someone is becoming unwell, so if you have any concerns at all, seek medical help.

### Acrocyanosis

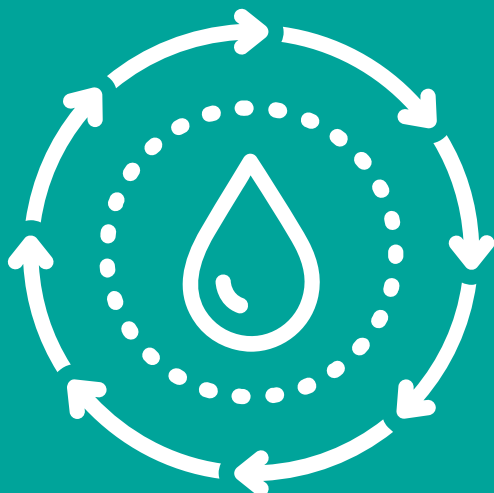
This causes a blue tinge to the hands and feet and is particularly common in babies.

### Cutis marmorata

This is mottling and a lacy appearance to the skin (can look like corned beef, too!). Again, this is more common in babies.

### Livedo reticularis

This is more common in adults. It causes a mottled, reddish appearance to the legs, worse in cold weather.



## Vitiligo

This is slightly more common in people who have Down's syndrome. An issue with the immune system that causes loss of the pigmentation in the skin, leading to paler patches of skin. It may be seen together with thyroid conditions, psoriasis, alopecia (hair loss), diabetes and rheumatoid arthritis, which are all also autoimmune issues (in which the immune system attacks the body). Vitiligo itself is not physically harmful, but it can cause the person distress, particularly for those with darker skin. There is no cure, but some treatments can help to slow progression.



More information can be found here: [nhs.uk/conditions/vitiligo/](https://www.nhs.uk/conditions/vitiligo/)

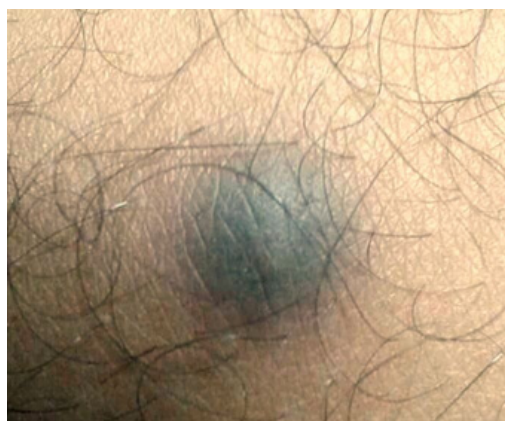
## Rarer skin conditions

### Syringomas

These are swellings in the sweat ducts, which look like yellowish bumps, about one millimetre across. They often form clusters around the eyes, but can also appear in the armpits and on the abdomen, chest, scalp and neck. They are harmless and rarely require any treatment.

### Eruptive dermatofibromas (also called fibrous histiocytoma)

These are raised nodules in the skin, made of fibrous tissue, more often appearing on the legs. They are thought to occur due to an immune system reaction and might develop after bites or wounds. They are usually painless, but can sometimes be tender or itchy. Usually, no treatment is needed.



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## Milia-like idiopathic calcinosis cutis

These are rare, but often associated with Down's syndrome. Tiny whitish-yellow spots appear, often on the fingers or hands. They are due to deposits of calcium in the skin. They will usually disappear on their own.

## Elastosis perforans serpiginosa (EPS)

This causes scaly red bumps, a few millimetres across, arranged in lines or rings. It is rare, but more common in people who have Down's syndrome and can also be a sign of Moya Moya disease (another rare disease, which affects the blood vessels in the brain). EPS is caused by an immune reaction to abnormal elastic tissue in the skin. It usually resolves by itself.



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You should always seek a medical opinion if unsure about a skin condition, particularly if a spot or rash changes, or becomes itchy or painful or if the person show signs of being unwell.



We would like to draw your attention to information at this link about Annual Health Checks, Reasonable Adjustments and the Learning Disability Register:

[downs-syndrome.org.uk/about-downs-syndrome/health-and-wellbeing/](https://downs-syndrome.org.uk/about-downs-syndrome/health-and-wellbeing/)





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