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Chilblains

Chilblains are small, itchy, painful lumps that develop on the skin as an abnormal response to cold.

What are chilblains?

Chilblains are lumps on the skin which come up as an abnormal reaction to the cold. They are usually red or purplish.

They can be itchy or sore. Sometimes they come up when skin is warmed up too quickly after it has been cold. Nobody really knows why some people are prone to chilblains and others are luckier and don't get them.

Anyone can get chilblains at any age. They are as common in children as they are in elderly people.



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Chilblains symptoms

Chilblains occur several hours after being exposed to the cold. You may get just one chilblain but often several develop. They may join together to form a larger swollen, red area of skin.

Common symptoms of chilblains include:

- Small, itchy areas of skin.
- A burning sensation.
- Red or purple areas of skin.
- Pain and tenderness.

Common places for chilblains to develop are:

- Fingers.
- Toes.
- Ear lobes.
- Nose.
- Cheeks.
- Heels.
- Shins.
- Thighs.
- Hips.

Typically, each chilblain lasts for about seven days and then, gradually, goes away over a week or so. Some people have repeated bouts of chilblains each winter.

What causes chilblains?

Chilblains are caused by an abnormal skin reaction to cold. They tend to occur on 'extremities' that easily become cold - that is, your toes, fingers, nose and earlobes. However, other areas of skin sometimes develop chilblains when they become cold. For example, your heels, lower legs and thighs (especially in horse riders).

The tiny blood vessels under the skin narrow (constrict) when the skin becomes cold. The blood supply to areas of skin may then become very slow. As the skin re-warms there is some leakage of fluid from the blood vessels into the tissues. In some way this causes areas of inflammation and swelling, leading to chilblains.

The speed (rate) of temperature change may play a part. Some people get chilblains if they warm up cold skin too quickly. For example, with a hot water bottle or by sitting very close to a fire.

How common are chilblains?

Chilblains are quite common. They can occur at any age. They are most common in children and in older people. They also occur more in women than in men. It is not clear why some people get chilblains when their skin gets cold.

Who's more at risk of chilblains?

Most chilblains occur in people who are otherwise healthy. However, some factors may make some people more prone to chilblains, such as:

- Having poor circulation or other problems of your blood vessels. In particular, people who have a connective tissue disease such as systemic lupus erythematosus (SLE) are more likely to get chilblains. A condition called peripheral arterial disease also affects the circulation to your skin.
- Having a family history of chilblains.
- Being a smoker.
- Having diabetes.
- Having anorexia nervosa, or other conditions giving you a low body mass index (BMI).
- Raynaud's phenomenon.

Complications of chilblains

Usually there are no complications, and the chilblains vanish in time without trace. Some complications which occasionally occur are described below.

You may develop an infection in the skin affected by the chilblain.
 This is more common if you scratch it. This allows the germs that are normally harmlessly present on the skin to get inside the skin.

- In some cases the skin over a chilblain can blister, which may delay healing.
- Occasionally, the skin breaks down to leave a small ulcer which is prone to infection.
- In some cases chilblains can become persistent (chronic). This
 usually occurs in people who are repeatedly exposed to cold
 conditions. The skin becomes scarred over time. It may develop a
 different colour to the rest of the skin around it.

How long do chilblains last?

Usually chilblains go away of their own accord within a week or two. You may get more if you are prone to them, and are exposed to cold conditions. Occasionally, they can hang around if you are continually exposed to the cold.

Are tests needed?

No. Chilblains can be diagnosed from their typical appearance together with the background of having been exposed to cold.

Chilblains treatment

Although chilblains are uncomfortable, they do not usually cause any permanent damage. They will usually heal on their own if further exposure to the cold is avoided.

- Keep the affected areas warm. This means staying out of the cold, or wearing warm gloves, socks, etc, when outdoors.
- No other treatment is normally needed, as they usually go away by themselves.
- A range of creams and lotions can be bought from a pharmacy.
 However, there is no evidence that any of these are of benefit so they are not recommended.
- Steroid creams are no longer recommended for the treatment (or prevention) of chilblains.

- If you smoke then you should try to stop, as smoking can make chilblains worse.
- Medicines are not usually needed. A medicine called nifedipine can open wide (dilate) the small blood vessels and may help to treat chilblains which are not settling within the normal time. Occasionally it may also be used to prevent chilblains in the winter months in people who have repeated symptoms.

Can you prevent chilblains?

If you are prone to chilblains then trying to prevent them by doing the following is sensible:

- Keep your hands and feet warm when out in cold weather by using warm gloves and socks. Consider special heated gloves and socks if chilblains are a repeated problem.
- Keep your head and ears warm by wearing a hat and scarf.
- You should keep as warm as possible in the cold by wearing warm clothing. Wearing several loose layers is ideal to trap body heat. You should also keep as dry as possible.
- After being out in the cold, do not heat the skin quickly, such as by wrapping your hands around a cup of coffee, putting them on a hot radiator or applying a hot water bottle. Warm yourself up gradually.
- Side-effects to some medicines may narrow (constrict) tiny blood vessels. This may be enough to make you prone to repeated chilblains. For example, beta-blockers can have this effect. Tell your doctor if you become prone to chilblains following starting any medication.
- Avoiding or limiting exposure to cold, damp environments.

Further reading

 Almahameed A, Pinto DS; Pernio (chilblains). Curr Treat Options Cardiovasc Med. 2008 Apr;10(2):128-35.

- Ozmen M, Kurtoglu V, Can G, et al; The capillaroscopic findings in idiopathic pernio: is it a microvascular disease? Mod Rheumatol. 2013 Sep;23(5):897-903. doi: 10.1007/s10165-012-0768-9. Epub 2012 Sep 24.
- Gordon R, Arikian AM, Pakula AS; Chilblains in Southern California: two case reports and a review of the literature. J Med Case Rep. 2014 Nov 22;8:381. doi: 10.1186/1752-1947-8-381.
- Chilblains; DermNet NZ
- Chilblains; NICE CKS, July 2023 (UK access only)

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