Dry, sore and itchy skin

Skin problems can be a symptom of lymphoma. They can also be a side effect of some treatments. This page gives suggestions to help you manage dry, sore and itchy skin.

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Skin problems as a symptom of lymphoma

Pruritus (itching) is a common symptom of some types of lymphoma, especially Hodgkin lymphoma and cutaneous T-cell lymphoma (a type of skin lymphoma). It is less common in most other types of non-Hodgkin lymphoma.

We don’t yet fully understand what causes itching as a symptom of lymphoma. However, scientists think that it could be due to cytokines – chemicals released by your immune system as it fights lymphoma cells. It is thought that cytokines irritate the nerves in your skin and cause itching.

For many people, the itching starts to go away once treatment for lymphoma starts. However, it can continue during, or even after, treatment.

Skin problems as a side effect of treatment for lymphoma

Some treatments for lymphoma can cause skin problems, including: pruritus (itching), rash, soreness, and photosensitivity (sensitivity to sunlight).

Your consultant should talk to you about the possible side effects of your treatment.
Side effects of chemotherapy

Some chemotherapy drugs can cause your skin to become photosensitive (sensitive to sunlight). Your skin therefore burns more easily in the sun than it did before you had treatment. The drugs that are more likely to cause photosensitivity are:

- bleomycin
- cyclophosphamide
- dacarbazine
- doxorubicin
- methotrexate
- vinblastine.

The Macmillan Cancer Support website has information about the side effects of particular chemotherapy regimens (combinations of drugs).

Photosensitivity usually stops within a couple of months of finishing treatment. It is possible, though, for it to continue for longer. It could also increase the sensitivity of your skin in the future, so take care to protect it from sunlight.

Allergic skin reactions to chemotherapy are also possible. The most common of these is ‘papular rash’ (small, red rashes). Papular rash most often happens around 10 days after you have chemotherapy, but it can develop up to 2 to 3 weeks later. If you notice a rash, tell a member of your medical team. Although not all rashes need treatment, it is important to seek medical attention, in case you do need treatment.

Side effects of radiotherapy

If you have radiotherapy, the skin in the treated area can become pink, dry and itchy. Dark skin might become darker. Rarely, the skin can become blistered, a bit like sunburn. This is more likely in folds of skin, such as under the breasts, in the groin or armpits – avoid using deodorants and anti-perspirants under your arms until these problems have cleared up.

Skin reactions are usually at their worst a few days after finishing radiotherapy treatment. Your skin then starts to heal. Speak to a member of your radiotherapy team if you have broken skin in the treated area. They might offer you a soothing gel to apply.
Radiation recall is a rare side effect of radiotherapy. It causes redness and skin inflammation. This can happen if you have certain chemotherapy drugs and days, or even months, after radiotherapy. It can also happen with some targeted therapies (drugs that target lymphoma cells). Radiation recall is triggered by the chemotherapy drugs and happens in the area that was treated by radiotherapy.

Usually, radiation recall is mild and goes away on its own within a couple of weeks. However, it is important to protect inflamed skin from the sun by wearing a hat. If you have hair loss, you should also apply sunscreen (minimum 15 SPF) to your scalp.

Seek medical advice if your symptoms are severe or longer-lasting, in case you need treatment.

Many factors affect how likely you are to have skin problems as a side effect of radiotherapy. These include:

- age (older people are more at risk of developing pruritus)
- skin colour
- the dose of radiotherapy you receive
- the size of the area treated with radiotherapy
- lifestyle factors (such as diet and alcohol intake).

Speak to your medical team for advice on whether these factors are likely to have an effect on your skin.

If you have both radiotherapy and chemotherapy, your risk of developing a skin reaction is higher.

**Side effects of stem cell transplant**

Some people with lymphoma have an intensive type of treatment called a *stem cell transplant*. This is usually used for people who have lymphoma that has come back (relapsed) or that is at a high risk of relapsing. Most stem cell transplants for people with lymphoma are *autologous stem cell transplants*, which use your own stem cells. However, a few people have *allogeneic stem cell transplants*, using stem cells from a donor.

A common complication of an allogeneic stem cell transplant is *graft-versus-host disease* (GvHD). GvHD happens because your new immune system (the graft) recognises your other body cells (the host) as ‘foreign’ and attacks them. GvHD can cause rashes and tightening of the skin. Sunlight can worsen rashes caused by GvHD. Your doctor might therefore advise that you limit the time you spend in the sun.
Side effects of targeted therapies

Some targeted therapies may cause skin problems. For example:

- **Rituximab** (Mabthera®) and **ibrutinib** (Imbruvica®) may cause a rash, which can be itchy.
- **Brentuximab vedotin** (Adcetris®) may cause dryness, rash and itching.
- **Bortezomib** (Bortezomib Accord or Velcade®) may cause skin problems such as soreness, redness, dryness or itching.

Managing sore, dry and itchy skin

Your medical team can give you advice on managing skin problems. We give some general guidance below. We also have separate information about coping with itching and about alleviating dryness and itching as a symptom of skin lymphoma.

To help with dryness

- Take short, lukewarm baths or showers (no longer than 20 minutes) instead of long, hot ones. Spending a long time in water can dry out your skin, while hot water can worsen the itching.
- Let your hair dry naturally. Avoid hair dyes and perming/straightening solutions while you are having treatment for lymphoma. Make sure you do a patch test after chemotherapy in case your skin has become sensitive to products or chemicals.
- Talk to your doctor about suitable skincare products, including soaps, deodorants and moisturisers. You might have become sensitive to some products after treatment.
- Moisturise as soon as you get out of the bath or shower with a water-based emollient cream (such as E45). Apply the cream while your skin is still a bit damp so that the cream locks moisture in.
- Moisturise frequently throughout the day. Aim for three to four times a day using an anti-itch moisturiser (for example Balneum Plus Cream), which your doctor can prescribe. You might have to try a few creams before finding one that works well for you. If one cream doesn’t help, ask your doctor if you can try something else.
- Avoid using alcohol-based products such as wet wipes and antibacterial hand gel as these can dry and irritate the skin.
- Drink plenty of water to help hydrate your skin.
• Avoid extreme temperatures (hot and cold) and strong winds, which can dry your skin.

To help with itching and skin irritation

Although it can be really difficult not to scratch, doing so actually worsens the itch and can cause infection. You could keep something to fiddle with to occupy your hands and distract yourself if you feel itchy. Some people find it helps to put something cool on the itch, or to pinch or tap the surrounding skin rather than scratching the itch. Keep your nails short to minimise the risk of infection if you do scratch.

Doctors sometimes prescribe medicines called antihistamines. You might like to try these, although they are not effective for everyone. Generally, if antihistamines don't work for you within the first 2 weeks, they are unlikely to do so. If this is the case, ask your doctor if there is another medicine you could try.

The following tips may help to minimise skin irritation:

• Use 100% cotton sheets and pillowcases rather than bedlinen made from man-made fibres (such as polyester). If you are staying in hospital overnight and your skin is sensitive, you could ask if it is OK to take your own bedding.
• Use mild washing powder labelled as suitable for sensitive skin. Give your washing an extra rinse to remove any remaining traces of powder.
• Wear loose-fitting (try a size larger than usual), lightweight clothes made from soft cotton, silk or bamboo. Wool, denim and some man-made fabrics can cause skin irritation.
• Avoid clothes and nightwear with lots of seams, exposed elastic, lace, buttons or embroidery that could irritate your skin.
• Use an electric razor rather than wet shaving, or avoid shaving altogether. Avoid hair removal methods such as waxing, threading and hair removal ('depilatory') creams.
• When bathing or showering, avoid rubbing your skin with a towel – instead, pat it dry.
• If you wear make-up, products labelled 'hypoallergenic' (designed to cause fewer irritations than regular products) might be suitable if your skin is not broken – check with your doctor first.
• Avoid swimming pools because chlorine can irritate your skin.
• Avoid sudden changes in temperature, as this can irritate your skin.
To help with photosensitivity (sensitivity to sunlight)

- Protect your scalp by wearing a hat or high factor sun cream when you are out in the sun.
- Avoid the sun when it is at its strongest (11am to 3pm during summer months).
- Avoid using sunbeds.
- Use a cool (not freezing) compress to soothe painful skin.
- If your photosensitivity is severe, ask your doctor if a steroid treatment is suitable for you and whether they can prescribe you one.

To help with emotional wellbeing

Skin irritation can have an impact on both your physical and emotional wellbeing. For example, you might feel stressed and anxious, and your quality of sleep might be affected. All of this can make it harder to cope with skin symptoms.

Leading a healthy lifestyle can benefit your overall wellbeing. This includes eating a balanced diet and taking regular light exercise. Some people find relaxation and meditation techniques helpful, too.

We have separate information about the topics in bold font. Please get in touch if you’d like to request copies or if you would like further information about any aspect of lymphoma. Phone 0808 808 5555 or email information@lymphoma-action.org.uk.

References

The full list of references for this page is available on our website. Alternatively, email publications@lymphoma-action.org.uk or call 01296 619409 if you would like a copy.

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