

MILIARIA / SWEAT RASH / PRICKLY HEAT

Heat rash

Rashes

LOOKS LIKE:

Little blisters or bumps; can be clear (like water droplets), red, skin-coloured, or pus-filled

FEELS LIKE:

Sometimes itchy or stingy

OUTLOOK:

Usually goes away on its own without medical treatment

LOCATION:

Anywhere with sweat glands/ducts; common on the head, neck, upper chest/back, skin folds (eg, armpits, groin), and areas that rub against clothing



WHAT IT LOOKS LIKE -



Tiny blisters due to heat rash in darker skin



Heat rash on the trunk



Close-up — tiny blisters have been scratched leaving small sores



Pus-filled (pustular) heat rash on the trunk

What is it?

Heat rash is a **common**, **harmless** skin condition that occurs when sweat gets trapped in the skin. It can look like groups of small blisters or bumps.

Heat rash can occur at any age, though newborns are more likely to get it because their sweat ducts are not fully developed.

Heat rash is also more common in hot, humid environments.

It does not spread from person to person (**non-contagious**) and is not cancerous.

The medical term for heat rash is miliaria.

Heat rash

CAUSES -

Heat rash is caused by the **blockage of sweat glands and sweat ducts** in the skin. Sweat glands make sweat, which then travels through small tubes called sweat ducts onto the skin surface. These sweat glands and ducts are found almost everywhere on the body.

Anything that causes sweating or traps sweat in the skin can lead to heat rash, such as:

- Hot, humid environments
- Intense physical activity
- Fever
- Non-breathable dressings or tight clothing
- Being bedridden or hospitalised
- Medications that increase sweating eg, antidepressants, painkillers
- Radiotherapy
- Rare genetic disorders eg, Morvan syndrome.

SYMPTOMS -

Heat rash causes **small bumps or fluid-filled blisters** (1–4 mm) that:

- May be clear, red, or the same colour as the surrounding skin
- · Are occasionally filled with pus

- Are commonly found on the upper chest and back, head and neck, arms and legs, and skin folds (eg, armpits, groin); can be widespread
- · May feel prickly, itchy, or painless.

COMPLICATIONS -

Heat rash does not usually cause complications.

If it gets **infected** with bacteria, this can cause a worsening rash and pus-filled spots.

Heat exhaustion can occur when your body overheats and has difficulty cooling down. This can be a complication of heat rash if not addressed, as you are unable to sweat properly.

Symptoms of heat exhaustion include dizziness, light-headedness, headaches, nausea, and muscle cramps. In serious cases (heatstroke), people can become confused and pass out, and urgent medical attention is required.

Although it is rare - severe, persistent, or recurring heat rash may lead to permanent damage of the sweat glands and ducts.

DIAGNOSIS -

A healthcare professional can usually diagnose heat rash by asking a few questions and **examining your skin**.

If your symptoms are severe or keep coming back, a biopsy might be done to confirm the diagnosis. This involves taking a small sample of the affected skin using a numbing agent, and may require small stitches to close.

TREATMENT AND PREVENTION -

Heat rash **normally goes away on its own** without medical treatment.

Simple at-home measures can help both prevent and settle heat rash — for example:

- Move to or create a cooler environment eg, shade, air conditioning
- Cool compresses and cool showers/baths
- · Loose, breathable clothes eq, cotton, linen
- Avoid excessive soap and other irritants
- Gently exfoliate the skin to help keep sweat ducts from getting clogged
- Reduce fever with medication eg, paracetamol/acetaminophen.

Your doctor may prescribe steroid cream to improve itch/stinging, or antibiotics if a bacterial infection has developed on top of the heat rash.

OUTCOME -

Most cases of heat rash resolve within a day or two after changing to a cooler environment without any treatment or complications. However, you should seek urgent medical care if you have a fever and a rash, or symptoms of heat exhaustion.





https://dermnetnz.org/topics/ miliaria

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