CONDITION

Perioral dermatitis

Perioral dermatitis is an inflammatory facial rash that causes small bumps around the mouth, nose, or eyes.

WHAT IT IS
Inflammatory facial rash around the mouth, nose, or eyes

BODY SYSTEM
Skin

MAIN SYMPTOMS
Small red bumps, burning, dryness, flaky skin

WHAT CAUSES IT
Unknown; often triggered by corticosteroids or irritating skin products

HOW IT IS DIAGNOSED
Skin examination; tests when the diagnosis is uncertain

MAIN TREATMENT
Trigger avoidance and topical or oral anti-inflammatory medicines

CAN IT BE CURED?
Sometimes - usually clears but may return

IS IT AN EMERGENCY?
No - usually managed through routine care

LONG-TERM OUTLOOK
Most cases clear, though recurrence can happen

Overview

Perioral dermatitis is an inflammatory skin condition that mainly affects the area around the mouth. It can also appear around the nose or eyes. When these other areas are involved, it may be called periorificial dermatitis .

The rash often consists of many small red, pink, or skin-coloured bumps. The skin may feel dry, tight, itchy, or sore. Although the rash resembles acne, it is a different condition and usually does not have blackheads.

Perioral dermatitis is not contagious. You cannot catch it from another person or pass it to someone through skin contact.

The condition matters because it can persist for weeks or months without appropriate care. It

can also flare when certain products, especially corticosteroid like prednisone or hydrocortisone creams, are used on the face. With suitable treatment and changes to skin care, it usually clears without scarring. It may return later, particularly if a trigger is used again.

Symptoms

Perioral dermatitis usually develops gradually. The first change may be redness, dryness, or a burning feeling, followed by clusters of small bumps.

Common features include:

The rash commonly forms around the mouth but leaves a narrow strip of normal-looking skin next to the lips. It may spread to the chin, cheeks, folds beside the nose, or the area between the nose and upper lip.

When it affects the skin around the eyes, the eyelids may become red, dry, or irritated. Some people also develop inflammation along the eyelid edges or on the surface of the eye.

Symptoms can look different from person to person. In darker skin tones, redness may appear purple, grey, brown, or darker than the surrounding skin. Dark or light marks can remain temporarily after the active rash has settled.

- Small red, pink, or skin-coloured bumps
- Dry, flaky, or rough skin
- Burning, stinging, tenderness, or mild itching
- Redness that may be less obvious on darker skin
- Occasional tiny bumps containing clear fluid or pus

Causes and risk factors

The exact cause of perioral dermatitis is not fully understood. It is thought to involve changes in the skin barrier and inflammation around hair follicles.

Corticosteroid creams are a common trigger. These medicines reduce inflammation and may briefly make the rash look better. With continued use, however, the rash can persist or become more extensive. It may also flare for a short time when the steroid is stopped.

Steroids taken by mouth are less closely linked to this condition. Inhaled or nasal corticosteroids may contribute when the medicine repeatedly contacts facial skin, but these treatments may be important for asthma, allergies, or other conditions.

Other possible triggers include:

Perioral dermatitis is seen more often in women and young adults, but anyone can develop it. Children can also be affected. Having poor hygiene does not cause the condition.

Microorganisms normally found on the skin have been studied, but perioral dermatitis is not considered a straightforward bacterial or fungal infection.

- Heavy moisturisers, ointments, cosmetics, or sunscreens
- Skin-care products that irritate or block the skin
- Frequent changes to facial products
- Toothpaste or dental products in some people
- Hormonal changes
- Heat, sunlight, or wind
- Wearing a face covering for long periods

Diagnosis

A healthcare professional can usually diagnose perioral dermatitis by examining the rash and asking about your skin products and medicines. The pattern of small bumps, their location, and the narrow area of unaffected skin beside the lips can help identify it.

There is no single blood test that confirms the condition. Tests are usually unnecessary.

If the appearance is unusual or treatment has not worked, a clinician may take a skin scraping or swab. These tests can help rule out a fungal or bacterial infection. A small skin sample, called a biopsy, is rarely needed.

Several conditions can resemble perioral dermatitis. These include acne, rosacea, eczema, allergic or irritant contact dermatitis, seborrhoeic dermatitis, and impetigo. Getting the correct diagnosis matters because treatments that help one rash may worsen another.

Treatment and management

Treatment usually begins by removing possible triggers and simplifying facial skin care. This is sometimes called "zero therapy," meaning that unnecessary cosmetics and skin products are temporarily stopped.

A clinician may advise using a mild, fragrance-free cleanser or washing with lukewarm water alone. Heavy creams, oily ointments, exfoliants, scrubs, and strongly scented products may

need to be paused. A simple, lightweight moisturiser may be suitable if the skin feels dry.

Corticosteroid creams are generally avoided on perioral dermatitis. If you have been using one, the rash may become more noticeable after stopping it. This rebound flare does not necessarily mean the steroid is needed.

Do not abruptly stop a prescription steroid that is treating another important skin condition without advice. Likewise, do not stop an inhaled or nasal steroid prescribed for asthma or allergies. A clinician can explain how to limit contact with facial skin, such as rinsing the mouth and gently cleaning the face after use.

Medicines used for perioral dermatitis include:

When antibiotics are used, their anti-inflammatory effect may be as important as their effect on bacteria. The medicine chosen depends on factors such as age, pregnancy, the rash's location, and previous treatment. Not every option is suitable for every person.

Improvement is usually gradual rather than immediate. Treatment may continue for several weeks or longer to reduce the chance of an early return. Using more medicine than directed or frequently changing products can irritate the skin and delay improvement.

- Anti-inflammatory creams or gels
- Topical antibiotics like amoxicillin or doxycycline applied to the affected skin
- Oral antibiotics, especially for widespread or persistent symptoms
- Other non-steroid anti-inflammatory skin treatments

Complications

Perioral dermatitis does not usually cause serious physical complications. Scarring is uncommon, although it is more possible with severe or long-lasting inflammation.

Temporary changes in skin colour can remain after the bumps clear. Darker marks are called post-inflammatory hyperpigmentation. Lighter areas can also occur. These changes often fade slowly over months, but they may last longer in some people.

A visible facial rash can affect confidence, social activities, or emotional well-being. Support is reasonable if the condition is causing distress, even when the skin changes are medically mild.

If the rash involves the eyelids, ongoing irritation may affect the eyelid edges or eye surface. Eye pain, sensitivity to light, or changes in vision are not typical and need prompt assessment.

Prevention

Perioral dermatitis cannot always be prevented because its exact cause is unknown. It can develop even when you have not changed your routine.

You may be able to lower the chance of a flare by avoiding unnecessary corticosteroid creams on the face. Use a facial steroid only when it has been recommended for a specific condition, and follow the instructions given.

A simple, consistent skin-care routine may also help. Choose gentle products and introduce new products one at a time. If a particular cosmetic, sunscreen, or dental product repeatedly seems to trigger symptoms, record when the rash appears and discuss the pattern with a healthcare professional.

If you use a prescribed inhaled or nasal steroid, continue it as directed. Correct technique and gently cleaning any medicine from the skin may reduce facial exposure.

Living with it and what to expect

Perioral dermatitis often lasts for weeks or months. Without treatment, it may continue to come and go. With suitable care, many cases gradually clear, but there is no exact timetable.

The rash can briefly worsen when a corticosteroid cream is stopped. This rebound period may be frustrating, particularly if the steroid had seemed to help at first. Adding the steroid again can restart the cycle, so a planned non-steroid approach is usually more helpful over time.

As the condition improves, the bumps become flatter and fewer. Dryness, redness, or changes in skin colour may take longer to fade. Most people do not develop permanent scars and can return to their usual skin-care routine gradually.

Recurrence is possible. A future flare may follow renewed steroid use or contact with another trigger, although sometimes there is no clear explanation. Early assessment can help confirm that a returning facial rash is perioral dermatitis rather than a different condition.

During a flare, keep your routine predictable and avoid picking or squeezing the bumps. Makeup can sometimes be used if it does not sting or worsen the rash, but removing it gently is important. The condition is not contagious, so there is no need to avoid close contact, shared living spaces, work, or school.

When to get medical help

Arrange a routine appointment if the rash lasts more than a few weeks, keeps returning,

spreads, or is difficult to distinguish from acne or eczema. You should also seek advice if it developed while using a corticosteroid cream or if it is affecting your sleep, confidence, or daily activities.

Contact a healthcare professional sooner if:

Seek urgent same-day care for eye pain, marked light sensitivity, or changes in vision. These are not usual symptoms of uncomplicated perioral dermatitis.

Call emergency services for trouble breathing or sudden swelling of the lips, tongue, throat, or face. These symptoms suggest a severe allergic reaction rather than ordinary perioral dermatitis.

- The rash is close to your eyes or affecting your eyelids
- The skin becomes increasingly painful, warm, swollen, or crusted
- You develop fever or feel generally unwell
- A prescribed treatment is causing significant irritation
- You are pregnant, breastfeeding, or seeking treatment for a child

Common questions

Is perioral dermatitis the same as acne?

No. Both conditions can cause facial bumps, but perioral dermatitis usually forms clusters around the mouth, nose, or eyes and does not normally cause blackheads. Some acne treatments are too irritating for perioral dermatitis.

Why did steroid cream make it better and then worse?

Steroid cream can suppress redness and inflammation for a short time. Continued use may allow perioral dermatitis to persist, and stopping can cause a temporary rebound flare. This cycle is a well-recognised feature of the condition.

Is perioral dermatitis contagious?

No. It is an inflammatory skin condition, not an infection that spreads between people. You do not need separate towels, bedding, or eating utensils because of the rash.

How long does perioral dermatitis take to go away?

It often improves over several weeks, but complete clearing may take a few months. The timing is influenced by how long the rash has been present, whether triggers continue, and how it responds to treatment.

Can I wear makeup or use moisturiser?

Some people can tolerate lightweight, fragrance-free products. Heavy, oily, or irritating products may make the rash worse. During an active flare, using fewer products can make it easier to identify a trigger and allow the skin to settle.

Will perioral dermatitis come back?

It can return, especially after facial steroid use or renewed exposure to a personal trigger. A recurrence does not mean that it will become permanent, but it may need another assessment and course of treatment.

Sources

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