CONDITION

Razor bumps

Razor bumps are inflamed spots caused when cut hairs grow back into the skin.

WHAT IT IS
Inflammation caused by cut hairs growing into skin

BODY SYSTEM
Skin and hair

MAIN SYMPTOMS
Raised bumps, redness, itching, dark marks

WHAT CAUSES IT
Cut hairs curving back into skin

HOW IT IS DIAGNOSED
Appearance and skin examination

MAIN TREATMENT
Shaving changes, skin treatments, and laser hair removal

CAN IT BE CURED?
Sometimes - clears when close hair removal stops

IS IT AN EMERGENCY?
No - urgent care for spreading infection signs

LONG-TERM OUTLOOK
Often controllable; marks and scars may persist

Overview

Razor bumps are small, inflamed bumps that appear after shaving or other forms of hair removal. The medical name is pseudofolliculitis barbae . "Pseudo" means false, and "folliculitis" means inflammation around a hair follicle. Unlike true folliculitis, razor bumps are not usually caused by an infection.

They develop when a cut hair curves back and enters the skin. The body reacts to the hair as if it were a foreign object, causing redness, swelling, itching, or tenderness.

Razor bumps most often affect the beard and neck. They can also occur on the scalp, underarms, legs, chest, or pubic area-anywhere hair is shaved, waxed, threaded, or plucked.

Anyone can get razor bumps. They are more common in people with tightly curled or coarse hair because curved hairs are more likely to grow back into the skin. Repeated inflammation

can leave dark marks or raised scars, so managing the cause matters even when the bumps are not painful.

Symptoms

Razor bumps usually develop within a few days of hair removal. They appear in areas where hairs have been cut or pulled out.

Symptoms can include:

Skin colour affects how inflammation looks. On lighter skin, bumps may appear pink or red. On brown or black skin, redness may be less obvious, and the area may look purple, grey, or darker than the surrounding skin.

The bumps often follow the direction of hair growth. On the beard area, they commonly appear beneath the jawline or on the neck, where hairs may grow in different directions.

Razor bumps are different from an ordinary shaving rash. Shaving rash is usually a more widespread area of irritation caused by friction, a blunt blade, or shaving products. Razor bumps are centred around individual hairs that have entered the skin.

- Small, firm, rounded bumps around hairs
- Redness or a darker colour around the bumps
- Itching, burning, tenderness, or mild pain
- Hairs that can be seen trapped beneath the skin
- Pus-filled spots if a follicle becomes infected
- Flat brown, grey, or purple marks after inflammation settles

Causes and risk factors

A close shave leaves each hair with a short, sometimes sharp end. As the hair grows, it may curve downward and pierce nearby skin. A very short hair may also withdraw beneath the skin surface and then grow into the wall of its own follicle.

The immune system reacts to the embedded hair. This causes the bump and surrounding inflammation.

Factors that make razor bumps more likely include:

Multi-blade razors can cut some hairs below the skin surface, especially when the skin is stretched. A blunt blade may also increase pulling and irritation. However, the best

hair-removal method differs from person to person.

Razor bumps are not caused by poor hygiene. Bacteria can infect already inflamed follicles, but infection is a possible complication rather than the usual cause.

- Tightly curled or coarse hair
- Shaving very close to the skin
- Stretching the skin while shaving
- Shaving against the direction of hair growth
- Repeated passes over the same area
- Plucking or tweezing hairs
- Waxing or threading
- Pressure or friction from tight collars, straps, or equipment

Diagnosis

Razor bumps are usually diagnosed from their appearance, location, and connection with hair removal. A healthcare professional may examine the skin closely to look for curved hairs entering it.

Tests are not usually needed. If there is pus, crusting, or worsening pain, a sample may sometimes be taken to check for bacterial infection.

Other conditions can resemble razor bumps. These include acne, bacterial folliculitis, fungal infections, contact dermatitis, and hidradenitis suppurativa. Contact dermatitis is a reaction to something touching the skin, such as fragrance or another ingredient in a shaving product. Hidradenitis suppurativa causes recurring, deeper lumps, often in skin folds.

Seek an assessment if the cause is uncertain, the bumps occur without hair removal, or usual shaving changes do not help.

Treatment and management

The most reliable way to let razor bumps settle is to stop close hair removal. Existing bumps may take several weeks to improve because the trapped hairs need time to grow out. This may not be practical for everyone because of work, cultural practices, personal preference, or unwanted hair growth.

If you continue removing hair, changing your technique can reduce how closely hairs are cut:

Hair direction may change across the neck, so it can help to check the growth pattern before shaving. Electric clippers or a guarded razor may leave the hair long enough to reduce re-entry into the skin.

A clinician may recommend skin treatments that reduce inflammation, clear blocked follicles, or help hairs emerge. These can include topical retinoids, salicylic acid, glycolic acid, benzoyl peroxide, or a short course of a corticosteroid cream. "Topical" means applied directly to the skin. Some products can cause dryness, stinging, or changes in skin colour, so treatment should be chosen with your skin type and circumstances in mind.

Antibiotics like amoxicillin or doxycycline may be used when bacterial infection is present or when inflammation is more extensive. They are not needed for every razor bump.

Laser hair removal can provide a longer-term reduction in hair growth. It usually requires several sessions and does not always remove every hair. Laser settings must be selected carefully because burns and changes in skin colour are possible, particularly in darker skin. An experienced, appropriately qualified practitioner should assess your skin and hair type.

Electrolysis destroys individual hair follicles and may also reduce regrowth. It is slower for large areas and can cause irritation, pigment changes, or scarring.

- Soften the hair with warm water before shaving
- Use a lubricating shaving gel or cream
- Shave in the direction that the hair grows
- Avoid stretching the skin
- Use light pressure and as few passes as possible
- Leave short stubble rather than shaving to skin level
- Rinse the blade and replace it when it becomes blunt
- Avoid picking, squeezing, or digging out hairs

Complications

Most razor bumps settle without serious problems. Repeated or severe inflammation can, however, affect the skin over time.

Possible complications include:

Dark marks may remain for months after active bumps improve. Sun exposure can make them more noticeable. Picking or squeezing increases inflammation and raises the risk of marks and

scars.

A small amount of bleeding after shaving is not unusual. Increasing warmth, pain, pus, or spreading redness may suggest infection rather than uncomplicated razor bumps.

- Post-inflammatory hyperpigmentation: flat dark marks left after bumps heal
- Hypopigmentation: patches that become lighter than the surrounding skin
- Secondary infection: bacteria entering damaged or scratched skin
- Scarring: permanent changes in skin texture
- Keloids: thick, raised scars that grow beyond the original inflamed area

Prevention

Razor bumps cannot always be prevented if you have tightly curled hair and need or choose to remove it. Reducing how closely the hair is cut is usually the most useful preventive step.

Allowing the hair to grow is the most effective way to avoid new bumps. If that is not suitable, clippers with a guard may cause fewer problems than a very close razor shave.

Prepare the skin and hair before shaving, follow the direction of growth, and avoid repeated strokes. Do not stretch the skin or press firmly. Using a fragrance-free shaving product may help if scented products cause irritation, although fragrance does not cause the embedded hairs themselves.

Do not try to prevent bumps by digging hairs out with needles or tweezers. This damages the skin and can lead to infection, dark marks, or scars.

If bumps keep returning despite careful technique, routine medical or dermatology advice can help you consider preventive skin treatments or longer-term hair reduction.

Living with it and what to expect

Razor bumps often improve when close shaving stops or becomes less frequent. Individual bumps may settle over days to weeks, but dark marks can take much longer to fade.

New bumps are likely to return if hairs continue to be cut below or very close to the skin. This does not mean the skin is dirty or that treatment has failed. It reflects the way the hair curves as it regrows.

Many people control the condition by finding a shaving method that leaves a small amount of stubble and by using skin treatment when needed. Others choose laser hair reduction because

work requirements, unwanted hair, or personal preference make avoiding hair removal difficult.

Long-term changes are more likely when bumps are repeatedly picked or remain inflamed. Early management can reduce new marks, but established scars or keloids may not disappear completely. Treatments can sometimes flatten scars or make them less noticeable.

The condition does not affect general health in most people. Its visible location, discomfort, and repeated nature can still affect confidence or daily choices. A dermatology review may be useful if it is causing persistent distress or limiting how you manage your appearance.

When to get medical help

Arrange a routine appointment if:

Seek prompt medical advice if bumps become increasingly painful, hot, swollen, or filled with pus. These changes may indicate infection.

Get urgent help if redness or swelling spreads quickly, you develop fever or feel significantly unwell, or swelling affects the eyes, lips, mouth, or breathing. These symptoms are not typical of ordinary razor bumps.

- Bumps keep returning despite changing your shaving method
- You have persistent pain, itching, dark marks, or scarring
- You are unsure whether the spots are razor bumps
- Bumps appear in areas you do not shave, wax, or pluck
- You want advice about prescription treatment or laser hair removal
- Your workplace requires a close shave that repeatedly worsens the condition

Common questions

How long do razor bumps last?

A single bump may improve over several days or weeks once the hair grows out. New bumps can continue to appear if close shaving continues. Dark marks often last longer than the active inflammation.

Should I pull out an ingrown hair?

Avoid digging, squeezing, or plucking. This can push inflammation deeper and increase the risk of infection and scarring. A hair tip that naturally reaches the surface may release on its own as

the skin settles.

Can I still shave if I have razor bumps?

You can, but another close shave may create more bumps. If stopping is not practical, consider guarded clippers, shave with the hair growth, use light pressure, and leave short stubble.

Are razor bumps the same as acne?

No. Acne develops when follicles become blocked with oil and dead skin cells. Razor bumps are caused by cut hairs entering the skin. Both can produce inflamed or pus-filled spots, and they can occur together.

Do razor bumps mean I have an infection?

Usually not. The inflammation is mainly a reaction to hair inside the skin. Infection is more likely if pain, warmth, swelling, pus, or spreading redness is increasing.

Can razor bumps go away permanently?

They may stop if close hair removal stops. They can return whenever susceptible hairs are cut close enough to enter the skin. Laser hair reduction or electrolysis may provide longer-lasting improvement, but results and risks differ between people.

Sources

- American Academy of Dermatology Association. Razor bump remedies for men with darker skin tones
- British Association of Dermatologists. Pseudofolliculitis
- DermNet. Pseudofolliculitis barbae
- Ogunbiyi A. Pseudofolliculitis barbae: current treatment options . Clinical, Cosmetic and Investigational Dermatology . 2019;12:241-247
- Perry PK, Cook-Bolden FE, Rahman Z, Jones E, Taylor SC. Defining pseudofolliculitis barbae in 2001: a review of the literature and current trends . Journal of the American Academy of Dermatology . 2002;46(2 Suppl):S113-S119