SYMPTOM

Pustules

Pustules are small, raised skin bumps containing pus that can have many causes.

WHAT IT FEELS LIKE
Small tender or itchy bumps filled with pus

WHERE IT IS FELT
Skin, often face, chest, back, buttocks, or hair-bearing areas

MOST COMMON CAUSES
Acne, folliculitis, minor bacterial skin infections

WHEN IT IS URGENT
Rapidly spreading redness, fever, severe pain, or skin peeling

USUALLY LASTS
Days to weeks, based on the cause and treatment

SEE A DOCTOR IF
Persistent, recurrent, widespread, or scarring pustules

Overview

A pustule is a small, raised skin bump containing pus. Pus is a thick fluid made up of immune cells, tissue fluid, and sometimes germs. A pustule often has a white or yellow centre with red or darker skin around it.

Pustules are a symptom rather than one specific disease. They may develop when a pore or hair follicle becomes inflamed, when bacteria infect the surface of the skin, or as part of a wider skin reaction. Not every pus-filled bump is caused by a bacterial infection.

One pustule may clear with simple skin care. Repeated, painful, spreading, or widespread pustules may need medical assessment.

What it may feel or look like

Pustules can be very small or grow into larger, deeper lumps. Depending on the cause, they may be:

Acne pustules often appear with other types of spots on the face, chest, shoulders, or back. Folliculitis usually causes groups of similar-looking bumps around hairs. A deeper, painful

pus-filled lump may be a boil or abscess, which is a pocket of infection beneath the skin.

Pustules can break open and form a crust. Squeezing them may push inflammation deeper into the skin and increase pain, infection, dark marks, or scarring.

- White, cream, or yellow in the centre
- Surrounded by red, purple, brown, or darker skin
- Tender, sore, itchy, or warm
- Clustered together or scattered across the skin
- Centred around a hair
- Accompanied by blackheads, whiteheads, crusts, or scaling

Common causes

Acne develops when pores become blocked by oil and dead skin cells. Inflammation can then produce pustules. Acne often also causes blackheads, whiteheads, or deeper tender lumps.

Folliculitis means inflammation of hair follicles. It can follow shaving, friction, sweating, tight clothing, or time in a poorly maintained hot tub or pool. Bacteria and yeasts can also cause it.

Minor bacterial skin infections can produce pustules, blisters, or crusted sores. Impetigo, for example, often forms sores that break and leave a yellow or honey-coloured crust. Boils are deeper infections involving a hair follicle and nearby skin.

Less common causes include reactions to medicines, contact with irritating substances, and inflammatory skin conditions. Some forms of psoriasis can cause many sterile pustules, meaning the pus is not caused by infection.

Rarely, a sudden widespread pustular rash can be part of a serious medicine reaction or a severe form of psoriasis. Fever, marked pain, peeling skin, or feeling very unwell makes prompt assessment important.

When to seek medical care

Book a routine appointment if pustules:

Seek same-day medical advice for rapidly spreading redness, increasing warmth or swelling, severe pain, fever, or red streaks extending from the area. Also seek prompt care if pustules are around the eye, involve a newborn, or occur when your immune system is weakened.

Go to emergency care if a widespread rash appears with skin peeling, mouth or eye sores,

trouble breathing, facial or tongue swelling, faintness, or severe illness. These symptoms may signal a serious skin or allergic reaction.

- Keep returning or do not improve
- Cover a large area
- Leave scars or persistent dark marks
- Are painful, deep, or affecting daily life
- Develop after starting a new medicine
- Occur with ongoing acne that self-care has not controlled

How the cause is found

A clinician will usually examine the bumps and ask when they began, where they first appeared, and whether they itch or hurt. The pattern can provide useful clues. Pustules around individual hairs suggest a different cause from pustules mixed with blackheads or widespread areas of peeling skin.

You may be asked about shaving, skin products, sweating, hot-tub use, close contacts with skin infections, and recent medicines. Mention prescription, over-the-counter, and herbal products.

Tests are not always needed. If an infection is possible, a swab or small pus sample may be sent to a laboratory to identify bacteria or yeast. Persistent or unusual rashes sometimes require a skin scraping or biopsy, in which a small skin sample is examined.

Treatment and self-care

Treatment depends on the cause, location, and severity. Bacterial infections may need an antiseptic or antibiotic like amoxicillin or doxycycline prescribed by a clinician. Acne treatment may include products that reduce blocked pores or inflammation. Inflammatory skin conditions and medicine reactions require different care.

For mild, limited pustules:

Non-prescription acne products containing benzoyl peroxide may help acne pustules. They can irritate or dry the skin and may bleach fabric, so follow the product instructions. Avoid applying leftover antibiotics or steroid like prednisone or hydrocortisone creams without advice; they may be unsuitable for the cause.

Large abscesses sometimes need professional drainage. Do not attempt to cut or drain one yourself.

- Wash gently with lukewarm water and a mild cleanser
- Avoid squeezing, scratching, or piercing the bumps
- Apply a clean, warm compress to a tender follicle or small boil
- Pause shaving over irritated skin and use clean shaving equipment
- Change sweaty clothing and avoid tight fabric rubbing the area
- Do not share towels, razors, or bedding if infection is possible

What to expect

A small pustule caused by irritation or a mildly inflamed follicle may settle within several days. Acne and recurrent folliculitis can continue for weeks or longer and may need ongoing treatment.

Some pustules leave temporary red, purple, brown, or darker marks after healing. These changes often fade gradually, but deeper inflammation can scar.

If treatment is prescribed, use it as directed and complete any planned follow-up. Return for review if the rash spreads, new symptoms appear, or the pustules are not improving as expected.

Common questions

Does pus always mean there is an infection?

No. Pus forms during inflammation and can occur without bacteria. Acne and pustular psoriasis can both produce pustules that are not contagious bacterial infections.

Are pustules contagious?

The bumps themselves are not always contagious. Some causes, such as impetigo, can spread through skin contact or shared items. Acne and psoriasis do not spread from person to person.

Should I pop a pustule?

It is better not to. Popping can worsen inflammation, damage the surrounding skin, spread infection, and increase the chance of marks or scars.

How can I tell acne from folliculitis?

Acne often includes several kinds of spots, including blackheads and whiteheads. Folliculitis tends to produce similar-looking bumps centred around hairs. An examination may be needed when the pattern is unclear.

Sources

- American Academy of Dermatology Association: Acne-Signs and symptoms
- Centers for Disease Control and Prevention: About impetigo
- DermNet: Folliculitis
- DermNet: Acute generalised exanthematous pustulosis
- National Psoriasis Foundation: Generalized pustular psoriasis