SYMPTOM

Sore or dry lips

Sore or dry lips may feel tight, rough, cracked, or tender.

WHAT IT FEELS LIKE
Tight, rough, peeling, cracked, or tender lips

WHERE IT IS FELT
The lips or corners of the mouth

MOST COMMON CAUSES
Dry weather, lip licking, irritating products

WHEN IT IS URGENT
Rapid new swelling without breathing trouble

USUALLY LASTS
Days to three weeks, depending on the cause

SEE A DOCTOR IF
Not improving after two weeks or repeatedly returning

Overview

Sore or dry lips are common symptoms. Your lips may become rough, flaky, cracked, swollen, or painful. Inflammation of the lips is sometimes called cheilitis .

The skin of the lips is thin and easily loses moisture. Wind, cold air, sun exposure, saliva, and personal care products can all damage its protective surface. Some medicines, infections, allergies, and health conditions can also affect the lips.

Most mild cases improve with gentle care. Persistent, recurring, or unusual changes may need a medical or dental assessment to find the cause.

What it may feel or look like

Dry or inflamed lips can affect the whole lip, one area, or only the corners of your mouth. You may notice:

Cracks at the mouth corners are known as angular cheilitis . Saliva can collect there and irritate the skin. Yeast or bacteria may then grow in the damaged area.

Blisters, ulcers, a persistent lump, or a firm scaly patch are not typical simple chapping. They

can have several causes and should be checked if they do not settle.

- Tight, rough, or burning skin
- Flaking or peeling
- Painful cracks, sometimes with slight bleeding
- Redness, swelling, or tenderness
- Crusting or weeping
- Splits at one or both corners of the mouth

Common causes

Common causes

Cold, windy, hot, or dry weather can remove moisture from the lips. Indoor heating and air conditioning may have a similar effect.

Licking, biting, or picking your lips often makes dryness worse. Saliva briefly wets the surface but can leave the lips drier as it evaporates.

Lip balms, cosmetics, toothpaste, mouthwash, and skin-care products may irritate the lips. Fragrances, flavourings, menthol, camphor, eucalyptus, and some exfoliating ingredients are possible triggers. A true contact allergy can cause redness, scaling, itching, or swelling.

Sun exposure can cause short-term soreness or dryness. Repeated exposure over many years can also produce persistent rough or scaly changes, especially on the lower lip.

Less common causes

Angular cheilitis may be related to saliva, dentures, changes in the shape around the mouth, yeast, or bacteria.

Eczema and other inflammatory skin conditions can involve the lips. Cold sores may begin with tingling or burning before grouped blisters appear.

Some medicines can cause marked lip dryness. Examples include isotretinoin and certain cancer treatments. Do not stop a prescribed medicine without discussing it with the prescriber.

Low levels of iron or certain vitamins can sometimes contribute, particularly when cracking keeps returning. Dry mouth, diabetes, inflammatory bowel disease, and immune system conditions are other possible contributors, but they are not the usual cause of brief chapping.

When to seek medical care

Call emergency services if lip swelling occurs with trouble breathing or swallowing, tongue or throat swelling, faintness, or severe dizziness. These can be signs of a serious allergic reaction.

Seek same-day medical advice for rapid new lip swelling, even if breathing is currently normal. You should also get prompt advice if redness is spreading into the surrounding skin, there is pus, you have a fever, or pain and swelling are quickly worsening.

Arrange a routine appointment with a doctor or dentist if:

A lasting scaly area on a sun-exposed lip should be assessed, but it is not usually an emergency.

- Your lips are not improving after about two weeks of gentle care
- The problem repeatedly returns
- Cracks at the mouth corners do not heal
- Eating or drinking is difficult
- You develop recurring blisters or ulcers
- A lump, ulcer, discoloured area, or rough patch persists
- You think a medicine or dental product may be responsible

How the cause is found

A clinician will ask when the symptoms started and whether they come and go. They may ask about lip licking, sun exposure, recent dental work, medicines, skin conditions, and products used on your lips, face, or teeth.

They will examine your lips, mouth, skin, and the corners of your mouth. Often, this history and examination are enough to suggest the likely cause.

Testing is not always needed. Depending on the findings, a clinician may take a swab to look for yeast or bacteria. Blood tests may be used when nutritional deficiency or another health condition is suspected.

If a contact allergy is possible, patch testing may help identify the trigger. This involves placing small amounts of possible allergens on the skin and checking for a delayed reaction. A persistent unusual patch may occasionally need a small tissue sample, called a biopsy.

Treatment and self-care

Apply a plain, fragrance-free lip ointment several times a day and before bed. White petroleum jelly can reduce water loss and protect cracked skin. Stop using a product if it stings, burns, or seems to worsen the problem.

Try to avoid licking, biting, peeling, or scrubbing your lips. Do not pull off loose skin, as this can deepen cracks and cause bleeding.

Protect your lips from cold and wind with a scarf. Outdoors, use a lip product with broad-spectrum sun protection and reapply it as directed on the label. A humidifier may help if indoor air is very dry.

Drink enough fluid to avoid dehydration, but drinking extra water does not always fix chapped lips when irritation or inflammation is the cause.

Treatment for an identified cause may include an antifungal or antibacterial medicine for angular cheilitis, or a prescribed anti-inflammatory treatment for eczema or contact inflammation. Nutritional supplements are only useful when a deficiency is present or likely. Avoid using medicated creams on your lips unless a clinician or pharmacist confirms they are suitable.

What to expect

Simple weather-related or irritated lips often begin to feel better within several days. Full healing may take two to three weeks, especially if there are deep cracks.

Recovery can take longer if the trigger remains in contact with your lips. Repeated episodes may improve once a product, habit, medicine, dental issue, or skin condition is identified.

Seek further advice if symptoms worsen during self-care or do not improve as expected. Persistent changes may need a different treatment rather than stronger moisturising products.

Common questions

Are sore or dry lips contagious?

Ordinary chapped lips are not contagious. Some causes, such as cold sores or certain infections, can spread to other people.

Can toothpaste cause dry lips?

Yes. Flavourings, detergents, or other toothpaste ingredients can irritate some people. If you

suspect this, ask a dentist, pharmacist, or doctor about trying a bland alternative.

Should I exfoliate peeling lips?

Scrubbing or pulling at peeling skin can cause more damage. A plain protective ointment and time are usually gentler.

Why do the corners of my mouth keep splitting?

Saliva, dentures, skin folds, yeast, bacteria, or nutritional problems may contribute. Recurring cracks should be assessed rather than repeatedly treated without knowing the cause.

Can I become dependent on lip balm?

Plain lip ointments do not cause physical dependence. However, irritating or flavoured products may encourage frequent reapplication or lip licking and can keep symptoms going.

Sources

- NHS. Sore or dry lips
- American Academy of Dermatology Association. Seven dermatologists' tips for healing dry, chapped lips
- DermNet. Cheilitis
- DermNet. Angular cheilitis
- DermNet. Actinic cheilitis