

PERI-ORAL DERMATITIS

WHAT ARE THE AIMS OF THIS LEAFLET?

This leaflet has been written to help you understand more about peri-oral dermatitis. It tells you what it is, what causes it, what can be done about it, and where you can find out more about it.

WHAT IS PERI-ORAL DERMATITIS?

Peri-oral dermatitis is a common skin condition that more commonly affects women of all skin types aged 20 to 50 years old. It usually causes persistent **redness** or small bumps (papules). The affected skin appears red in all skin tones though the redness may sometimes be difficult to see in black or brown skin.

Sometimes pus containing spots (pustules) appear around the mouth, nose, or eyes mainly on the central areas of face. It can persist for a few months until the cause is identified and treated. It may sometimes be confused with **rosacea**, a common longstanding condition that causes persistent redness, bumps and pus containing spots (pustules) on the forehead, cheeks, nose and chin.

WHAT CAUSES PERI-ORAL DERMATITIS?

The exact cause of peri-oral dermatitis is not fully understood. In many cases, peri-oral dermatitis is triggered by the use of **topical steroids** (steroid creams and ointments) on the face. It can also be triggered by **steroid tablets** or steroid inhalers taken for other medical conditions.

IS PERI-ORAL DERMATITIS HEREDITARY?

No, peri-oral dermatitis is not a hereditary skin condition.

WHAT ARE THE SYMPTOMS OF PERI-ORAL DERMATITIS?

People with peri-oral dermatitis usually notice a recurrent red rash around the mouth which

feels sore and may be persistent. Peri-oral dermatitis can cause burning and irritation of the skin. It is usually on the lower face, around the mouth and may occasionally involve areas around the eyes and nose. It usually does not affect the cheeks and forehead.

WHAT DOES PERI-ORAL DERMATITIS LOOK LIKE?

The small bumps or papules that are typical for peri-oral dermatitis can appear red but depending on the skin tone can be pink, red, or purple. In some cases the papules may have a subtle darkening of the existing skin colour. The condition can also cause the appearance of pus-filled spots called pustules and small red patches which are usually dry and flaky. In richly pigmented skin, the patches may look darker than the person's skin colour.

HOW IS PERI-ORAL DERMATITIS DIAGNOSED?

Peri-oral dermatitis is diagnosed based on how the skin looks and the appearance and distribution of the rash on the face. There has nearly always been some application of **steroid creams** to the skin of the face. Other tests are not usually required. Your healthcare professional will discuss this with you.

CAN PERI-ORAL DERMATITIS BE CURED?

Peri-oral dermatitis is usually easily treated by stopping the use of **steroid creams** and treating for a few weeks with a once daily tetracycline tablet. In most people this clears the rash. As long as **steroid creams** are then avoided on the face, it usually stays clear, though can sometimes come back.

HOW CAN PERI-ORAL DERMATITIS BE TREATED?

Peri-oral dermatitis usually responds well to treatment and the rash clears within several weeks.

It is treated by stopping the use of [steroid creams](#) and taking oral antibiotics. These can include tetracycline tablets (such as doxycycline or lymecycline). Alternative antibiotic tablets include clindamycin and erythromycin. Oral antibiotics help reduce bacteria and inflammation of the skin.

Sometimes, milder cases may settle with antiseptic or antibiotic creams. Most people need to take antibiotics for 2-3 months. If necessary, your dermatology team may give you a longer course.

SELF-CARE (WHAT CAN I DO?)

- Try not to pick or squeeze your spots.
- Stop applying all face creams including [topical steroids](#) and cosmetics, unless advised by your health care professional.
- Wash the face with water only until the condition resolves.
- Once peri-oral dermatitis has cleared, use a soap substitute as advised by your health care professional to cleanse your face.
- Use an unperfumed moisturiser on a regular basis if your skin is dry or sensitive.

Web links to detailed leaflets:

www.dermnetnz.org/topics/periorifacial-dermatitis

www.pcds.org.uk/clinical-guidance/perioral-dermatitis-periocular-dermatitis-syn-periorifacial-dermatitis

Please note that the British Association of Dermatologists (BAD) provides web links to additional resources to help people access a range of information about their treatment or skin condition. The views expressed in these external resources may not be shared by the BAD or its members. The BAD has no control of and does not endorse the content of external links.

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

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