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Perioral Dermatitis

What is perioral dermatitis?

Perioral dermatitis is a common skin disorder in women that presents as red bumps and peeling (skin flaking) around the mouth and chin. It often resembles acne and sometimes involves areas around the nose, cheeks and eyes. The rash may itch, feel tight or tender, or have a mild burning sensation. It occurs much less commonly in men and children.

What causes perioral dermatitis?

The cause of perioral dermatitis is unknown. Makeup, skin moisturizers, other skin care products (especially those with a petrolatum or paraffin base, or that contain isopropyl myristate), and dental products, including toothpaste may play a role in the development of this condition. Medium to high potency corticosteroid creams applied to the face are sometimes to blame. Although these creams can actually improve the problem, the skin may become “addicted” to them, as when one stops using them, the rash flares. These higher potency corticosteroids should also be discontinued because prolonged usage can lead to permanent skin thinning. Sun exposure, wind and heat may aggravate perioral dermatitis.

How is perioral dermatitis treated?

Discontinue the use of medium or high strength corticosteroid creams on the face, if you are using them. Dr. McCauliffe advises that patients discontinue the use of makeup and moisturizers. He usually advises the use of certain moisturizers (Cetaphil) and sunscreen lotions (Eucerin Facial), if needed. He sometimes recommends a very weak corticosteroid cream or lotion for a week or two (e.g., 1% hydrocortisone or 0.05% desonide). Most patients will require a one to three month course of antibiotic pills (i.e., tetracycline, doxycycline, minocycline, erythromycin). Some patients with milder cases may benefit from topical antibiotics (metronidazole or erythromycin). Pimecrolimus (Elidel) cream and azelaic acid preparations may sometimes be beneficial. Rarely oral isotretinoin or isoniazid may be considered. Pregnant women should be treated with topical rather than oral antibiotics. If a mild corticosteroid cream or lotion is used for treatment, the rash may briefly flare when it is stopped. Perioral dermatitis sometimes recurs when treatment is stopped or at a later date. This might require a longer or a repeat treatment course.

You can find additional information at the following web sites:

www.aad.org/pamphlets/Perioral.html

www.dermnetnz.org/dna.pd/pd.html

www.emedicine.com/derm/topic321.htm

