

# Perioral Dermatitis

Perioral dermatitis is a long-lasting skin condition that mainly affects the area around the mouth but can sometimes spread to the nose and eyes. It appears as a red, scaly, or bumpy rash and may cause mild itching or a burning feeling. This condition is more common in women and adults, though it is rarer in children and men. Perioral dermatitis often comes back, with flare-ups that can last for months or even years. Although it's not usually severe, the ongoing nature of the condition can be distressing. It can be triggered by factors such as using topical steroids, skin irritants, or rosacea.

## Pathophysiology and Etiology

Perioral dermatitis is an inflammatory skin condition that causes red bumps and pustules, often around the mouth. Although the exact cause is not fully understood, several factors are believed to trigger the condition:

- **Topical Steroid Use:** Using corticosteroid creams or ointments, especially for long periods on the face, is the most common trigger. Steroids can weaken the skin's barrier, allowing microorganisms like Demodex mites to grow, which can lead to inflammation.
- **Skin Irritants:** Certain skin care products, especially those with fragrances or harsh chemicals, can irritate the skin and worsen perioral dermatitis. Fluoride in some toothpastes may also be a trigger for some people.
- **Rosacea:** Perioral dermatitis is often linked to rosacea, a condition that causes facial redness and visible blood vessels. Some people with rosacea may also develop perioral dermatitis, making it harder to tell the two apart.
- **Other Potential Triggers:** Other factors that can contribute to perioral dermatitis include stress, hormonal changes, certain foods, and environmental factors like extreme temperatures or sun exposure.

## Clinical Features

Perioral dermatitis usually appears as red or pink bumps and pustules around the mouth, and in some cases, it can spread to the nose or even around the eyes. The rash is often a bit scaly or bumpy, with mild itching or burning sensations. A key sign of perioral dermatitis is that the skin near the lips typically remains unaffected. The condition can come and go, with flare-ups lasting for months or even years, often triggered by factors like the use of topical steroids or skin irritation. In some cases, it may result in long-term skin discoloration or scarring.

## Diagnosis

Perioral dermatitis is usually diagnosed through a physical examination, where a healthcare provider looks for the characteristic rash. They will also ask about your medical history, including the use of topical steroids, facial creams, or fluorinated toothpaste, to help identify possible triggers. In most cases, no lab tests are needed, but if the rash is unusual or severe, a skin biopsy may be done to rule out other conditions like rosacea, seborrheic dermatitis, or fungal infections. It's also important to check for other conditions, like rosacea, which can make the diagnosis and treatment more complex.

## Treatment

The treatment for perioral dermatitis involves addressing the factors that trigger the condition, using topical treatments, and, in some cases, oral medications. While treatment is often successful, flare-ups can happen, so ongoing management may be needed.

- **Discontinuation of Causative Agents:** The first and most important step is stopping the use of topical steroids, even over-the-counter ones like hydrocortisone. While stopping steroids may initially make the rash worse, it is crucial for long-term improvement. Avoid reapplying steroids during this time, as it can worsen the condition. Additionally, discontinue moisturizers or face creams that contain irritants or oils. For stubborn cases, switch to non-fluorinated toothpaste.
- **Topical Treatments:** For mild to moderate cases, topical treatments are often effective in managing the condition. These treatments include:
  - **Topical antibiotics:** Medications like metronidazole gel or clindamycin cream are commonly prescribed to reduce inflammation caused by bacterial overgrowth and Demodex mites.
  - **Topical calcineurin inhibitors:** Tacrolimus or pimecrolimus creams may be used to reduce inflammation, especially in patients who prefer not to use steroids.
- **Oral Medications:** For more severe cases or if topical treatments don't work, oral antibiotics may be necessary. The most effective antibiotics for perioral dermatitis are:
  - **Doxycycline or minocycline:** These are commonly prescribed due to their anti-inflammatory and antibacterial properties.
  - **Tetracycline:** This antibiotic is also effective in treating perioral dermatitis, but it's less common due to its side effects.
  - Oral antibiotics are usually taken for 6-12 weeks, with the dose lowered as the condition improves. Sometimes, a low-dose regimen is needed long-term to prevent flare-ups.
- **Adjunctive and Alternative Therapies**
  - **Laser treatments:** Pulsed dye lasers may help, especially for those with rosacea-related perioral dermatitis, as they target blood vessels and reduce inflammation.

- **Topical sulfur:** In some cases, sulfur-based treatments may help by acting as an antimicrobial agent.
- **Preventing Recurrences:** Even after treatment, perioral dermatitis can return. To reduce the chance of flare-ups, continue to avoid known triggers, including topical steroids, irritants, and fluorinated toothpaste. If symptoms come back, the same treatment options—oral antibiotics and topical treatments—are usually effective.

## Prognosis

With proper treatment, the outlook for perioral dermatitis is generally positive. Many people see a significant improvement or complete resolution of their symptoms with oral antibiotics and topical treatments. However, flare-ups are common, especially if topical steroids are used again or if other triggers are present. For those with underlying rosacea, perioral dermatitis may continue or eventually develop into a chronic condition similar to rosacea.

## Conclusion

Perioral dermatitis is a common, long-lasting skin condition that mainly affects the area around the mouth. While it can be persistent and difficult to manage, with the right treatment, including stopping any triggers, using topical or oral antibiotics, and following patient guidelines, significant improvement is usually possible. By treating both the symptoms and the underlying causes, most people can gain good control over the condition and reduce the chances of flare-ups.

## References

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