

What is perioral dermatitis?

Perioral (or periorificial) dermatitis is a common acne or rosacea-like rash that develops around the mouth, nose and eyes of children and young adults.

WHAT CAUSES PERIORAL DERMATITIS?

We don't know the exact cause of perioral dermatitis. Sometimes perioral dermatitis is triggered by steroid medicines that are taken by mouth, applied to the skin or inhaled. One possible cause is an overgrowth of normal skin mites and yeast.

PERIORAL DERMATITIS FACTS

- >> Perioral dermatitis looks like many tiny pink or skin-colored bumps that usually come close to the lips, but don't go onto the lips.
- >> Perioral dermatitis may appear at any age in childhood and adolescence. Girls and boys both get it.
- >> The rash of perioral dermatitis is usually not very bothersome, although it can cause mild itching or burning.
- >> Many people with perioral dermatitis have a history of eczema or asthma. This may be because patients with eczema and asthma need to use steroid medications (and may have skin barrier problems).
- >> Topical steroids may at first seem like they help perioral dermatitis, but the rash often comes back and may even get worse as soon as topical steroids are stopped. Because of this, many people want to start the topical steroids again, but it is important to try to break this cycle.

HOW IS PERIORAL DERMATITIS DIAGNOSED?

Your doctor will be able to diagnose perioral dermatitis by talking with you and doing a careful skin examination. Sometimes tests may be necessary to rule out other causes.

HOW IS PERIORAL DERMATITIS TREATED?

There are many ways to treat perioral dermatitis, and sometimes you need to try several different medications before finding the one that works best for you. The rash needs to be treated for at least 3-6 weeks to fully improve. Your doctor will decide which medications to start with based on how severe the rash is and which treatments have helped before. The following treatments have all been used to successfully clear perioral dermatitis:

REMOVE TRIGGERS

If you are using topical steroids to treat perioral dermatitis, you should talk with your doctor about how to stop them. Even with a slow taper, there may be a temporary flare of the rash. If you need inhaled or oral steroids for other health conditions, you should continue them. Take care to keep inhaled or nasal steroids from touching the skin. If they do touch the skin, wipe them off right away. If possible, talk to your doctor about switching from a mask to a spacer to inhale steroids, as this can help avoid contact with the skin.

TOPICAL ANTIBIOTICS

Topical antibiotics are usually the starting point in treating perioral dermatitis. Examples of topical antibiotics include metronidazole, clindamycin, erythromycin, sulfacetamide and azelaic acid.

TOPICAL NON-STEROID ANTI-INFLAMMATORY CREAMS

Topical non-steroid anti-inflammatory creams help calm down the inflammation in the skin. Examples are pimecrolimus cream and tacrolimus ointment. Some people say that they feel a mild burning with the first few uses, but this tends to go away.

ANTI-MITE THERAPIES

Anti-mite creams like permethrin or ivermectin may be used to treat perioral dermatitis. Some patients have mild peeling after use.

ORAL ANTIBIOTICS

If perioral dermatitis is severe or does not respond to topical creams, your doctor may prescribe an oral antibiotic. Oral antibiotics work because they help reduce inflammation. Adults and older children with perioral dermatitis are often treated with tetracyclines, but these are rarely used in children under the age of 8 because they can permanently stain the teeth. Oral antibiotics used for young children are azithromycin, erythromycin and clarithromycin.

WHAT SHOULD BE EXPECTED AFTER TREATMENT?

Even after the rash clears with the right treatment, there is still a chance the perioral dermatitis may eventually come back. Scars from the rash are unlikely but have been seen in a few patients. Follow up with your doctor regularly and let your doctor know if the rash comes back.



The Society for Pediatric Dermatology
8365 Keystone Crossing, Suite 107
Indianapolis, IN 46240
(317) 202-0224
www.pedsderm.net

Contributing SPD Members:
Keith Morley, MD
James Treat, MD

Committee Reviewers:
Andrew Krakowski, MD
Sheilagh Maguiness, MD
Erin Mathes, MD

Expert Reviewer:
Andrea Zaenglein, MD

The Society for Pediatric Dermatology and Wiley Publishing cannot be held responsible for any errors or for any consequences arising from the use of the information contained in this handout. Handout originally published in *Pediatric Dermatology*: Vol. 34, No. 5 (2017).

© 2017 The Society for Pediatric Dermatology