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Perioral Dermatitis

Perioral dermatitis is a facial rash that tends to occur around the mouth. Most often it is red and slightly scaly or bumpy. Any itching or burning is mild. It may spread up around the nose, and occasionally the eyes. It avoids the skin around the lips for some reason. It is rarer in men and children. Perioral dermatitis may come and go for months or years.

There may be more than one cause of perioral dermatitis. One of the most common factors is prolonged use of topical steroids (prescription creams such as Elocon, Lotrisone, Lidex and Temovate, non prescription hydrocortisone and inhaled prescription steroid sprays used in the nose and the mouth). Over-use of heavy face creams and moisturizers are another common cause. Other causes include skin irritations, fluorinated toothpastes, and acne rosacea

A dermatologist diagnoses Perioral dermatitis by examination. No other tests are usually done, but a scraping may help select treatment in difficult cases. The first step in treating perioral dermatitis is to discontinue all topical steroid creams, even non-prescription hydrocortisone. Once the steroid cream is discontinued, the rash appears and feels worse for days to week before it starts to improve. Heavy face creams should also be stopped. You must resist the temptation to apply any of these creams to your face when this happens. Think of your face as a cream junkie that needs a fix – you need to go cold-turkey.

A mild soap or soap substitute, such as Dove or Cetaphil should be used for washing. Scrubbing should be avoided. Try stopping fluorinated toothpastes (non-fluorinated toothpastes are available at a health food store). The most reliably effective treatments are oral tetracycline capsules (or the stronger versions of Minocycline and doxycycline). Children should be treated with Zithromax, Erythromycin or Biaxin. These are taken in decreasing doses for three to twelve weeks. Topical creams and ointments are less reliably effective, but Metronidazole, Clindamycin and Erythromycin ointments can be used. These can be continued for several months in order to prevent recurrences.

Even after successful treatment, Perioral dermatitis sometimes comes back some time later. Usually, the same type of treatment will again be effective. Stronger medications are available for resistant cases. Many cases that come back eventually turn into acne Rosacea. Perioral dermatitis is a common skin problem, but fortunately most people do very well with proper treatment.