

Boils

People refer to tender, red lumps that may ooze pus as boils. A single “boil” may be a ruptured cyst or a small abscess. Most boils can be treated by “incision and drainage”, a minor surgical procedure to open the boil and to drain the pus. Antibiotics are usually not needed by mouth.

Some people have multiple or recurrent boils. These boils are usually staph infections (furuncles or carbuncles). The source of the infection is difficult to pinpoint but may be a family member, a pet or just appear “out of the blue.” In these cases antibiotics are taken by mouth for 10 or 14 days. In stubborn cases two oral antibiotics plus topical antibiotic ointments are usually required to eliminate the bacteria.

Gentle heat, provided by a moist, warm wash cloth held over the area for 20 minutes three times a day, speeds up the healing process. Putting antibiotic ointment (Neosporin, Bacitracin, Iodine or Polysporin) on the boil will not cure it because the medicine does not penetrate into the infected skin. Covering the boil with a Band-Aid will keep the germs from spreading.

If your boil does not improve within 3 days after treatment, please return to the office. Sometimes the bacteria are resistant to the chosen antibiotic.

A milder version of boils is folliculitis. This is an infection of the hair follicles, usually with staph bacteria. These often itch more than hurt. The appearance is similar to acne pustules.