

Let's Talk About...

Perioral Dermatitis

Perioral [per-uh-OR-uhl] dermatitis [dur-muh-TAHY-tis] is a skin condition in which a rash develops around the mouth, nose, and eyes. The rash may appear at any age in childhood or adolescence, and both girls and boys can get it. It is sometimes called **periorificial** [per-uh-awr-uh-FISH-uhl] **dermatitis**.

What causes it?

Doctors don't know the exact cause of this skin condition. Possible triggers or causes include:

- **A history of eczema** [EK-suh-muh] **or asthma**. This may be because patients with eczema and asthma need to use steroid medications. These medications can trigger perioral dermatitis. Also, patients with eczema may have other skin problems.
- **An overgrowth of normal skin mites and yeast**.

What are the symptoms?

This skin condition can look like acne or rosacea [roh-ZEY-shee-uh]. It appears as many tiny pink or skin-colored bumps that usually come close to the lips, but don't go onto them. The rash is usually not very irritating, although it can cause mild itching or burning.

How is it diagnosed?

Your child's doctor can diagnose this skin condition by talking with you, getting a health history, and doing a careful skin exam. Sometimes certain tests are needed to rule out other causes of the rash.

How is it treated?

This skin condition is treated by removing certain triggers and trying different medications (see at right).

Removing triggers

Steroid medications can trigger perioral dermatitis. If your child is using topical steroids (applied to the skin) to treat this condition, you should talk with your child's doctor about how to stop using them. Even if your child gradually stops using the medications, the rash may temporarily get worse.

Trying different medications

Your child may need to try several different medications before finding the one that works best. The following treatments have all been effective at helping with this skin condition:

- **Topical antibiotics**. These medications are applied directly to the skin. Doctors usually recommend trying these medications first. Examples of topical antibiotics include metronidazole, clindamycin, erythromycin, sulfacetamide, and azelaic acid.
- **Topical non-steroid anti-inflammatory creams**. These medicated skin creams help reduce skin inflammation. Examples are pimecrolimus cream and tacrolimus ointment. Some children have reported feeling a mild burning sensation with the first few uses, but it usually goes away.
- **Anti-mite therapies**. Medicated skin creams like permethrin or ivermectin may be used. Some children have reported mild skin peeling after use.
- **Oral antibiotics**. If the rash is severe or doesn't respond to skin creams, your child's doctor may prescribe an oral antibiotic. These medications are taken by mouth and help to reduce inflammation. Older children with perioral dermatitis are often treated with the antibiotic tetracycline. However, these are rarely used in children younger than 8 years because they can permanently stain their teeth. Oral antibiotics used for young children include azithromycin, erythromycin, and clarithromycin.

How long will my child need treatment?

Perioral dermatitis needs to be treated for at least 3 to 6 weeks to fully improve. Your child's doctor will decide which medications to start with based on how severe the rash is and which treatments may have helped in the past.

What should be expected after treatment?

Even after the rash clears with the right treatment, there is still a chance it may return. Scars from the rash are unlikely but may occur in some children. Follow up with your child's doctor regularly and let them know if the rash comes back.

Steroid medications

Topical steroids may seem like they help perioral dermatitis at first, but the rash often comes back and may even get worse as soon as topical steroids are stopped. Because of this, your child may want to take the topical steroid again, but it is important that they don't.

If your child needs an inhaler (for steroids) or oral steroids for other health conditions, they should continue to take them. Keep inhaled or oral steroids from touching your child's skin. If they touch the skin, wipe them off right away. If possible, talk to your child's doctor about switching from a mask to a spacer to inhale steroids. This can help avoid skin contact.

Notes

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