



Persistent, inflammatory, papular facial rash commonly affecting the perioral area, thought to be related to **deficiencies in skin barrier function**.

EPIDEMIOLOGY

- Average age of onset **6-7 years**, can be seen as young as 3 months
- Most common in **Fitzpatrick phototypes I-II**
- **Granulomatous variant** more common in **Fitzpatrick phototypes IV-VI**

PRESENTATION

- Classically seen in a child using **topical corticosteroids** (TCS) or immediately following a period of facial TCS use (Steroid Rebound Effect)
- Largely **asymptomatic**, may be mildly pruritic, burning, or tender
- Parents may suspect acne, especially in teens

PHYSICAL EXAM

- Monomorphic, 1-2 mm pink papules, fine pustules, eczematous patches, and thin plaques
- Granulomatous variant: skin-colored, hyperpigmented, or dull pink-red papules
- Typically, around mouth, sparing the vermillion border, nose, and eyes



DIAGNOSIS

Diagnosis made **clinically** based on:

- **Characteristic appearance** and **distribution** of rash
- **Supportive history** (aggravating factors identified)

Other investigations (swabs, skin scrapings, biopsies) rarely necessary.

MANAGEMENT

- **Initial approach is conservative**
- Identify and discontinue **aggravating factors**
- Consider **tapering facial TCS** to reduce risk of rebound flare
- **POD is self-limiting when offending agent(s) removed**

If bothersome or distressing, consider further medical management in addition to the above:

Mild: Topical Therapies

- Pimecrolimus 1% cream
- Metronidazole 1% cream
- Erythromycin 1% gel

Moderate, Severe, or Refractory: Oral Antibiotics

- ≥ 8 years: Tetracycline PO
- < 8 years: Macrolide PO



COMMON TRIGGERS

- Topical, oral, inhaled, or nebulized **corticosteroids**
- Fluoridated toothpastes and oral rinses
- Occlusive facial products (creams, sunscreens, cosmetics, face masks)



DIFFERENTIAL Dx

- Acne Vulgaris
- Rosacea
- Contact dermatitis
- Seborrheic dermatitis
- Impetigo
- Dermatophyte infections
- Demodex folliculitis

PROGNOSIS

- Benign, generally non-scarring
- Can take several weeks to months to resolve
- Pigmentation changes may persist

