

# Angular cheilitis

## CATEGORY:

## Inflammation

### LOOKS LIKE:

Red, paler or darkened skin; cracked, oozing, bleeding, blistering

### FEELS LIKE:

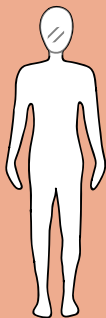
Sore, itchy, burning

### TREATMENT AND PREVENTION:

Prevent dryness, maintain oral hygiene, manage triggers

### LOCATION:

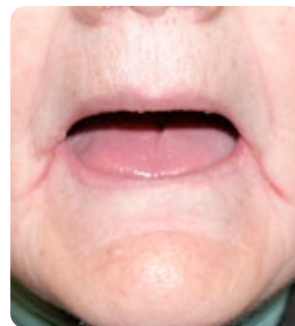
Corners of the mouth



## WHAT IT LOOKS LIKE —



Grey, softened skin at the angles of the mouth



Sore red areas in the corners and creases of the mouth



Redness and sore areas at the angles of the mouth



Temporary loss of skin colour at the mouth corners due to angular cheilitis



Angular cheilitis in a child



Angular cheilitis complicated by a bacterial infection

## What is it?

Angular cheilitis is a common, non-contagious, inflammatory condition that affects the corners of the mouth. It occurs in both children and adults.

Angular cheilitis is often self-limiting (heals without treatment). Depending on the cause and treatment, it may last for only a few days, or take a lot longer to heal.

# Angular cheilitis

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## CAUSES —

Angular cheilitis is commonly caused by irritation from **saliva**. This can result from habitual thumb-sucking in young children, or mouth shape changes in older adults.

It is made worse by frequent licking of the lips. It can also be caused by a reaction to substances such as lip balm, toothpaste, or food. It is more common in people with:

- Dry mouth and chapped lips
- Dentures or orthodontic equipment eg, braces
- Infections in or around the mouth eg, thrush, cold sores, or school sores
- Lack of nutrients eg, vitamins, zinc, iron, or protein
- Sensitive skin eg, atopic dermatitis (eczema)
- Some diseases, genetic conditions, and those taking certain medications (eg, isotretinoin).

## SYMPTOMS —

It is often painful, affecting the lips and corner/s of the mouth. Symptoms may also include:

- Cracks in the skin
- Red, pale, or darkened areas of skin
- Bleeding and/or blisters
- Oozing or crusting.

INFLAMMATION

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## COMPLICATIONS —

Angular cheilitis may increase the risk of **infections**, which can sometimes spread to other parts of the face or body. These may be either:

- Bacterial (eg, impetigo)
- Fungal (eg, thrush)
- Viral (eg, cold sores).

Chronic (longstanding) angular cheilitis can sometimes cause **scarring** or **skin discolouration**.

## DIAGNOSIS —

Angular cheilitis is usually diagnosed by a healthcare professional asking some questions and examining your face, mouth, and skin. Sometimes, other tests are done to look for an underlying cause, such as:

- Swabs for infection
- Blood tests to check for diabetes, or iron and vitamin levels
- Patch testing for allergies (where various substances are applied to the skin to check for reactions)
- Biopsy (skin sample) — rarely needed.

## PREVENTION AND TREATMENT —

Angular cheilitis often goes away by itself without treatment. The following habits may be helpful for both treatment and prevention:

- Lip balm / moisturisers to **prevent dryness**
- Oral hygiene eg, regularly brush & floss teeth

- Avoid lip-licking or thumb-sucking
- Stay hydrated and avoid triggers for dryness eg, reduce coffee, alcohol, and smoking
- Ensure other medical conditions (eg, diabetes) are well-managed.

Other treatments may be recommended in some cases, such as:

- Antimicrobial treatments for infection
- Steroid ointment to reduce inflammation
- Dietary changes and nutritional supplements
- Dental work eg, denture review
- Filler injections for lines at the corners of the mouth.

## OUTCOME —

Angular cheilitis is treatable and is not life-threatening.

While recurrence is common, there are various strategies to help prevent it from coming back.



### MORE INFORMATION —

<https://dermnetnz.org/topics/angular-cheilitis>



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