



Perioral Dermatitis

Perioral Dermatitis

Sensitive/Hydrating Protocol

|  |  |
| --- | --- |
| Cleanse 1 | Make-up Remover |
| Cleanse 2 | Cream Cleanser |
| Cleanse 3 | Sensitive Cleanser |
| Exfoliate | Microderm Exfoliator |
| Massage | Facial Massage Cream |
| Mask | Omega Mask |
| Tone | Sensitive Toner |
| Serum | Hyaluronic Serum, |
| Treatment | Eye & Lip Treatment, Repair Oil |
| Moisturise | Nourish Moisturiser |
| Foundation | Foundation |

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Perioral Dermatitis

## What is POD?

Peri-oral dermatitis (POD) is a condition that typically occurs in women between the ages of 16 – 45. It is usually characterised by tiny, erythematous (red) papules, pustules, and flakiness.

It can usually be diagnosed by the redness surrounding the nasolabial folds and presents with many similar characteristics to rosacea, both clinically (how it presents itself) and histologically (on a cellular level).

Since the rash is similar to that of eczema, allergic contact dermatitis or even rosacea, it is often misdiagnosed.

Eruptions typically begin around the mouth (perioral region) in the nasolabial folds (smile lines) and can spread to the sides of the nose (perinasal region), the chin, the cheeks, or even the lateral aspect of the lower eyelid (periorbital region).

Sometimes the rash only appears at the eyelids (despite the name “perioral” dermatitis).  Tiny papules (small bumps) and small vesicles (bumps filled with a small amount of clear fluid) will appear on an erythematous (red) base.

There may also be dry scaling.  The skin may feel tight and dry with occasional mild itching or burning.  Most of the time the rash will be symmetrical – appearing on both sides of the face and a frequently seen feature includes a border of normal skin that separates the lesioned skin from the lips.

With inflammatory POD the skin basically loses its ability to retain moisture, gets dry and scaly, and what you end up with is impaired barrier function. Because of this impaired barrier function, the skin becomes even more vulnerable to irritants. This becomes a vicious cycle.

## What is the cause? Why does it happen?

There are innumerable factors that are thought to cause POD, including topical corticosteroid use, sodium lauryl sulfate containing products (or any sulfate containing products), skin products, cosmetic products, fluoridated toothpaste, laundry detergents, bacterial infections, hormonal fluctuations, fungal infections, inflammation, diet, stress, or even a combination of several of these, but the true aetiology remains unknown.

It is believed that in individuals with constitutionally dry skin, the overuse of moisturisers causes the surface of the skin (the horny layer) to be constantly artificially hydrated, thus affecting this layer’s ability to inhibit the growth of bacteria.

This is thought to play a role in the development of perioral dermatitis.

Case studies show that the use of moisturizers plus cosmetic foundation on a daily basis contributes to an increased risk of developing perioral dermatitis.

Persons with oily skin who do not properly cleanse with water and cleanser are also susceptible.

Daily use of heavy sunscreens also tends to trigger this type of rash.

Throughout scientific literature there is a link between POD and impaired barrier function and in clinical studies performed TEWL was significantly increased in those with POD.

Table 2: Aetiology of Perioral dermatitis. Adapted from Lipozencic & Hadzavdic (2014).

|  |  |
| --- | --- |
| Drugs | Topical steroids  Inhaled prescription steroid sprays (fluorinated and nonfluorinated) |
| Cosmetics | Fluorinated toothpaste  Skincare ointments and creams (especially containing petrolatum or paraffin base and isopropyl myristate)  Mercury containing dental fillings  Mint-flavoured tooth-cleaning powder |
| Physical factors | UV-light  Heat  Wind |
| Microbiologic factors | Fusiform spirilla bacteria  Candida species  Demodex folliculorum |
| Miscellaneous factors | Hormonal factors e.g., oral contraceptives  Gastrointestinal disturbances (malabsorption)  Emotional stress  Musical instruments  Latex gloves  Lipstick  Response to permethrin treatment  Immunocompromised  Impaired barrier function |

Similar to acne and rosacea, POD is a modern skin disease. By using too many products on the skin, washing the skin too often and applying products and moisturisers containing synthetic preservatives, petrolatum, paraffin bases and irritating fragrances there is a constant assault on the microbes which ends up disrupting the skin microbiome.

A deficiency in zinc, essential fatty acids and biotin are associated and characterised by dermatitis in the perioral region.

Thorough investigation and a process of elimination is the only thing to guide you in the possible right direction on what the cause can be. Every person is unique and so is their cause of POD.

Examples of POD



Table 1: Differential diagnosis of face rashes that resemble perioral dermatitis. Adapted from Lipozencic & Hadzavdic (2014).

|  |  |
| --- | --- |
| Rosacea  Rosacea.jpg | Usually, centro-facial disease  No comedones  Rhinophyma present |
| Seborrheic dermatitis  DermatitisSeborrheic_3.jpg | Predominantly retroarticular  Nasolabial region, eyebrows, and scalp are affected  Main symptom is scaling |
| Acne Vulgaris | Comedones, papules, pustules nodules and cysts are present |
| Polymorphous light eruption  Polymorphous-light-eruption.jpg | Itchy red papules, vesicles or plaques  Occurs after sun exposure |
| Contact dermatitis (allergic and irritant)  Contact dermatitis.jpg | Border of the rash emerges into normal skin  Delayed onset (24 – 72 hours) after exposure  Remains until no longer exposed to causative factor  Skin only |
| Contact urticaria  perioral-contact-urticaria__WatermarkedWyJXYXRlcm1hcmtlZCJd.jpeg | Persisting dermatitis  Immediate reaction upon direct contact  Transient  Extra cutaneous symptoms |

## The relationship between Atopic Dermatitis and Lactobacillus

Recent advances in analysing microbial gene sequences in healthy skin has provided a comprehensive understanding of the classes of microbes and their diversity occupying distinct topographical niches.

Insight into the association of distinct microbial classes with inflammatory skin disease and the impact on host genome are just emerging.

Large-scale, comprehensive analysis of the microbiome and microbiome-associated host transcriptome in skin of healthy volunteers (HV), atopic dermatitis (AD) and psoriasis (PSO).

It revealed 2 distinct patterns of host-microbe interactions in chronic skin inflammation.

There are highly distinct skin microbiotas in AD and PSO. Overall analysis indicated a clear difference between HV and AD skin.

Lactobacillus and P. acnes were lower in abundance in both AD and PSO vs HV.

The most significant result is an increase in the abundance of S. aureus in AD, associated with a significantly lower abundance of OTUs representing strictly anaerobic bacteria in AD (Fig. 1d).

The loss of anaerobes in Atopic Dermatitis is not driven by S. aureus as indicated by repeated analysis of samples devoid of S. aureus.   
Lactobacilli, Burkholderia spp. and P. acnes were lower in abundance in both Atopic Dermatitis and PSO compared to healthy skin.

## Why does it only seem to happen with some clients?

Upon analysing the cases where POD was not an existing condition, some patterns seem to have emerged which leaves us with the following theories:

* Many cases have been reported when individuals switch over from conventional brands.   
  Even the brands that claim to be natural. That is why the reading and understanding of the INCI is so important. When looking at the INCI’s, quite often the levels of “parfum” is found in higher concentrations than the actual active ingredients. “Parfum” is often used as an umbrella to hide ingredients since it does not have to be disclosed.   
  Often these ingredients are high in estrogenic compounds and known hormone disruptors.   
  When the skin is no longer exposed to these, it almost goes through a withdrawal phase – similar to the withdrawal effect of cortisone.
* Salon’s, who has the highest sales, tend to have worse reaction. This is most likely due to oversell and overuse. Not because they purposefully want these reactions, but due to their passion and believe in the brand. Often people get excited with the initial results and instead of slowing down when they notice an improvement, they go full out. Especially with the serums. The directions for use are now very conservative… use in the evenings for a week (‘or until you notice an improvement), then reduce to once or twice a week for maintenance.
* Often it is just the change in products/conversion to Esse that triggers an existing, underlying condition.
* Sometimes the first (or repeat) bouts are noticed whilst on holiday – our bodies are adaptable and will, over time, learn to manage how to deal with even unhealthy habits but vacations represent sudden changes in routines (and often products) that do not give our immune systems time to get it right – so it fails to fight off whatever it is holding at bay and it rears its ugly head.

## How to approach this type of reaction

Often a thorough client history reveals a prolonged use of local corticosteroids or contact with potential causative factors.

The more information you have, the easier it is to establish a possible cause or trigger. The more information you have to relay to Head Office, the easier it will be to examine possible patterns in cases and rule out causative factors.

1. Is this a new or existing condition?
2. Any history of skin sensitivity in the past? Familial history of skin sensitivity
3. Skin regime and products used prior to flare up especially the complete INCI. Also consider makeup, toothpaste, shampoos – any “product” that might have come into contact with area
4. Recent changes in health including any diagnosis, changes in medication, inclusion or discontinuation of medication
5. Stress levels including
6. Digestive health/gut health, diet, vitamin and mineral supplements
7. Recent travels

## How to advise client to treat or manage the symptoms considering product recommendation, diet, supplements, brain-skin & gut-skin connection.

* Stop all steroid/cortisone creams – this might cause the condition to worsen initially but push through!
* Discontinue all cosmetics, soaps, detergents, moisturisers, abrasives, astringents, day or night creams, and skin conditioners.
* “Null (zero) therapy” – mild water only
* Limit use of sunscreen on the face
* Avoid overuse of product – less is more
* Avoid alcohol based facial products
* Start an elimination diet – the biggest triggers tend to be gluten/wheat, sugar and dairy. Eliminate each food group for 3-4 weeks at a time and then slowly re-introduce and see how your skin and body respond
* Avoid SLS or any sulphate containing products
* Avoid fluoride toothpaste
* POD does not like HOT or COLD – so try to avoid extreme temperature changes!
* Avoid and manage stress – the more you stress about your skin, the worse it will most likely get! Your skin will not calm down if you do not calm down.
* PDT (photodynamic therapy) and LED could be beneficial for those whose condition is not triggered by light
* Include vitamin supplements such as essential fatty acids (omega’s), zinc and biotin.

While we do not promote Esse as a treatment range, many sufferers of POD have found relief with Esse and especially the Sensitive Serum.  Because POD is the result of a microbiome imbalance, adding live probiotics can help shift the ecosystem in the right direction.

We do not recommend other brand products be used in conjunction with the live probiotics as it can completely negate the benefit (preservatives, pH and other factors affect probiotic action).  It also complicates understanding any results – positive or negative – that might be achieved.

For troubled skin, less is better. The fewer products used the better. No need for a morning cleanse and if possible, even no cleanser in the evening if no make-up has been applied (avoid make-up too).

Warm water should be enough (preferably chlorine free).

Take everything into cognisance – sunscreen application, treated water etc – all of these things alter the balance of microbes on the skin and can result in an imbalance.

The idea with the Sensitive Serum is to re-set any wobbles and hopefully guide the skin toward a stable state – but this then needs to be maintained with sensible product usage and other exposures.

The Serum should be used once in the evenings for about a week or until an improvement is seen. Thereafter, reduce usage to every other day and then even further to 2 or 3 times a week for maintenance only.

Resurrect Serum is another great serum to introduce to a POD sufferer. This can be alternated with sensitive serum or used after the condition has calmed down.

Remember this is a suggestion, not a cure.  POD can be very tricky. It may take many weeks for the condition to clear as the disease regresses when external factors are stopped or avoided and determining the factors can also be time consuming.

## Conversion from conventional to Esse

There is a possibility that you may be experiencing a detox reaction and sometimes a client can experience a conversion period. This is usually in the 3 – 5 % range. This is not unique to Esse – other organic brands have the same issue.

It is probably from a drop in xenoestrogens, parabens and fragrance ingredients, like phthalates are strong estrogenics (diethyl phthalate is more than 10 000 times more potent than oestrogen itself).

When the skin is suddenly deprived of this external supply of oestrogen it can take some time to normalise.

Many conventional brands use estrogenic ingredients such as phthalates, ethoxylates and parabens.

If you have been using skincare products with these ingredients and then stop using them skin often goes through a withdrawal; and you experience a breakout.  Usually, it is not longer than 2 weeks, but the greater the chemical load was in your skin the longer the breakout will last.  These estrogenic ingredients have a negative effect on your body so should be avoided.

What we recommend is to stop using all products until your skin clears.  Then try using Esse again.  Start off first with only the cleanser and moisturiser, and then add the toner after a few weeks.

Most people who experience breakouts do not seem to have them occur a second time round.

Clients are also to want to see results and they like to jump in at the deep end.

We recommend always starting the client on the Sensitive range.   
This will allow for a much gentler conversion.   
After being on the Sensitive range for a few months you can start introducing Core and Plus line products.

Remember, less is more and *be patient. There is no magic cure for Perioral Dermatitis.*



Logo, company name

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