CONDITION

Chafing

Learn what causes chafing, how to care for irritated skin, ways to prevent friction, and when redness, pain, or drainage needs medical attention.

WHAT IT IS
Skin irritation caused by repeated rubbing

BODY SYSTEM
Skin

MAIN SYMPTOMS
Red or darkened skin, burning or tenderness, swelling, peeling or cracking

WHAT CAUSES IT
Repeated friction, worsened by moisture

HOW IT IS DIAGNOSED
Clinical examination

MAIN TREATMENT
Friction control and protective skin care

CAN IT BE CURED?
Yes, usually heals when friction stops

IS IT AN EMERGENCY?
Sometimes, with severe rapidly worsening pain

LONG-TERM OUTLOOK
Most mild cases heal without lasting damage

Overview

Chafing is skin irritation caused by repeated rubbing. Skin may rub against other skin, clothing, shoes, sports equipment, or another surface. Heat and moisture soften the outer layer of skin, making damage from friction more likely.

Chafing commonly affects the inner thighs, groin, buttocks, underarms, nipples, feet, and areas beneath the breasts or abdominal folds. It can occur during exercise, physical work, long walks, or everyday activities. Anyone can develop it.

Mild chafing affects the surface of the skin and often improves when the rubbing stops. More intense or repeated friction may cause open areas, blisters, bleeding, or a raw feeling. Damaged skin can also become infected.

Chafing within a skin fold may overlap with intertrigo , which means inflammation where two skin surfaces touch. Moisture, limited airflow, and friction all contribute to intertrigo. Yeast or bacteria may sometimes grow in the irritated area, but not every chafed rash is an infection.

Recognizing the source of friction matters because skin treatments alone may not help if rubbing and moisture continue.

Symptoms

Symptoms usually develop in the area where friction occurs. They may begin during an activity or become more noticeable afterward.

Common symptoms include:

Symptoms can look different across skin tones. Redness may appear pink or bright red on lighter skin. On darker skin, inflammation may look deep red, purple, gray, or darker brown. Changes in warmth, tenderness, texture, and swelling may be easier to recognize than color alone.

Simple chafing usually stays within the area exposed to rubbing. Drainage, a bad smell, increasing warmth, worsening swelling, or redness that continues to spread beyond that area may suggest infection or another skin condition.

A rash with sharply defined edges, thick scale, recurring painful lumps, pus-filled bumps, or small spots surrounding the main rash may not be due to friction alone. A clinician can evaluate these patterns.

- Red or darker-than-usual skin
- Stinging, burning, or tenderness
- A warm or raw sensation
- Mild swelling
- Peeling, cracking, or shallow open areas
- Small spots of bleeding
- Fluid-filled friction blisters
- Itching, especially in moist skin folds

Causes and risk factors

Chafing happens when repeated friction damages the outer layer of skin. Moisture from sweat, rain, wet clothing, or body fluids can weaken this protective layer. Salt left behind when sweat dries may add to irritation.

Common situations that cause chafing include:

Hot or humid weather can increase sweating. Cold-weather activity can also cause chafing when heavy clothing traps sweat.

People with larger or deeper skin folds may have more skin-to-skin contact and less airflow, but chafing can occur at any body size. Reduced mobility may allow moisture to remain in folds or beneath medical devices. Urine or stool leakage can also irritate skin and make it more vulnerable to friction.

Diabetes, reduced circulation, or a weakened immune system does not necessarily cause chafing. However, these conditions may slow healing or increase the risk of complications if the skin opens. Some medicines or medical conditions that increase sweating may also contribute.

Products applied to the skin can cause a separate problem called contact dermatitis . This is inflammation caused by irritation or an allergic reaction. Fragrances, preservatives, adhesives, detergents, and some topical antibiotics can trigger it. A rash that continues after friction stops may need assessment for this or another cause.

- Running, cycling, hiking, rowing, or other repetitive exercise
- Wearing damp, rough, tight, or poorly fitting clothing
- Walking long distances in shoes that rub
- Using backpacks, braces, pads, prostheses, or sports equipment
- Breastfeeding or distance running that causes nipple friction
- Spending long periods in wet swimwear or sweaty clothing
- Repeated rubbing within the thighs or other skin folds

Diagnosis

Chafing is usually identified from its appearance, location, and connection to repeated rubbing. A clinician may ask when the symptoms began, what activities make them worse, whether the area stays moist, and which products have been used.

Testing is not routinely needed for mild, typical chafing. A clinician may perform tests when a rash is severe, keeps returning, does not improve, or appears infected.

For example, a gentle skin scraping can be examined for fungus. A swab or sample of drainage may help identify bacteria. Other tests are uncommon but may be considered if the appearance suggests an inflammatory skin condition.

Conditions that can resemble or occur alongside chafing include fungal infection, bacterial infection, eczema, contact dermatitis, inverse psoriasis, and heat rash. Painful recurring lumps in the underarms or groin may have another cause, such as hidradenitis suppurativa. An examination helps distinguish these conditions because their treatments differ.

Treatment and management

The main goals are to stop friction, keep the area clean and dry, protect damaged skin, and watch for infection.

For mild chafing, pause or modify the activity causing the rubbing. Remove wet clothing and change into clean, loose, breathable fabric. Wash the area gently with lukewarm water and a mild, fragrance-free cleanser. Pat dry instead of rubbing. A cool fan setting may help dry a skin fold, but avoid hot air.

A thin layer of plain petroleum jelly or another fragrance-free skin barrier can protect the surface and reduce further rubbing. Zinc oxide barrier products may also be useful in areas exposed to ongoing moisture. Follow the product label, and stop using a product if it causes more burning, itching, or rash.

Covering a raw area with a clean, nonstick dressing can reduce contact with clothing. Change the dressing if it becomes wet or dirty. Avoid placing adhesive directly on fragile skin when possible.

Do not scrub chafed skin or routinely apply rubbing alcohol, hydrogen peroxide, or strongly fragranced products. These may irritate tissue and delay healing. Topical antibiotic ointments are not usually needed for uncomplicated chafing and can cause allergic contact dermatitis in some people.

If friction creates a blister, leave the blister roof in place when possible. It acts as a natural cover while the skin underneath heals. Protect the area with a soft dressing and remove the source of pressure. If a blister is large, very painful, or in a location that prevents normal activity, ask a healthcare professional how it should be managed. A broken blister should be gently cleaned and covered rather than having the remaining skin pulled away.

Medicines depend on the cause. A clinician may recommend a limited course of an anti-inflammatory treatment for significant irritation, but steroid like prednisone or hydrocortisone creams are not appropriate for every rash and can worsen some infections.

Antifungal or antibacterial treatment is used when there is evidence of a specific infection. Using an antifungal like fluconazole or terbinafine "just in case" may delay the correct diagnosis if the rash has another cause.

Prevention is especially useful when chafing occurs during predictable activities:

Powders may reduce moisture for some people, but they can clump on wet skin and create additional friction. Avoid breathing in loose powder, and follow the label carefully. Powders and greasy barriers may also make floors or equipment slippery.

- Apply a skin lubricant or barrier to friction-prone areas before activity.
- Choose smooth, well-fitting, moisture-wicking clothing.
- Avoid seams, tags, or straps that repeatedly rub.
- Change out of sweaty or wet clothing promptly.
- Use properly fitted shoes and activity-appropriate socks.
- Increase the duration of a new activity gradually.
- Check the fit and position of braces, prostheses, packs, and sports equipment.
- Keep skin folds dry without over-washing or harsh scrubbing.

Complications

Most mild chafing heals without lasting damage once friction stops. Deeper skin injury may take longer and can be painful enough to limit walking, exercise, sleep, or daily care.

Open skin can allow bacteria or yeast to grow. Possible signs of infection include increasing pain, spreading redness or discoloration, warmth, swelling, pus, unpleasant odor, or fever.

Repeated chafing may cause skin to become thicker, rougher, or darker. Darkening after inflammation, called post-inflammatory hyperpigmentation , can remain after tenderness and redness have resolved. Scarring is uncommon with surface irritation but is more possible after deep injury or infection.

Ongoing irritation in a moist skin fold can become chronic. Finding and addressing the source of moisture, pressure, or rubbing is important for preventing repeated skin breakdown.

Follow up

Routine medical follow-up is reasonable if the area is not clearly improving after several days

of careful home care, keeps returning, or interferes with normal movement. Arrange an appointment sooner if you have diabetes, reduced circulation, loss of sensation, or a weakened immune system, particularly if the skin is open.

Contact a healthcare professional promptly if you notice:

Seek urgent or emergency care if a skin wound is accompanied by severe rapidly worsening pain, confusion, fainting, difficulty staying awake, or rapid breathing. These are not expected features of routine chafing and may indicate a serious illness.

After healing, return to the activity gradually. If symptoms recur in the same place, review clothing fit, moisture control, equipment position, and barrier use. Persistent or unexplained rashes should be examined rather than repeatedly treated as simple chafing.

- Spreading redness, warmth, or swelling
- Increasing pain rather than gradual improvement
- Pus, cloudy drainage, or a strong odor
- Fever or chills
- Red streaks extending away from the area
- A deep wound, extensive blistering, or skin that is not healing

Sources

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- DermNet New Zealand. "Friction Blister." Clinical dermatology reference.
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