CONDITION

Folliculitis

Folliculitis is inflammation around hair follicles that causes small, often itchy or tender bumps.

WHAT IT IS
Inflammation of one or more hair follicles

BODY SYSTEM
Skin and hair follicles

MAIN SYMPTOMS
Hair-centered bumps, pus-filled spots, itching, tenderness

WHAT CAUSES IT
Infection, irritation, blockage, or inflammation

HOW IT IS DIAGNOSED
Skin examination; sometimes swab, scraping, or biopsy

MAIN TREATMENT
Trigger avoidance and cause-specific medicines

CAN IT BE CURED?
Sometimes - many cases clear with treatment

IS IT AN EMERGENCY?
Sometimes - fever with rapidly spreading redness

LONG-TERM OUTLOOK
Usually clears, but recurrent cases may scar

Overview

Folliculitis is inflammation of a hair follicle, the small pocket in the skin from which a hair grows. It often looks like a group of tiny pimples. Each bump may form around a visible hair and may contain pus.

Many cases are caused by bacteria or yeast that normally live on the skin. Folliculitis can also develop when shaving, tight clothing, sweat, or skin products irritate or block follicles. Less often, it is linked to another infection, a medicine, or an inflammatory condition.

Folliculitis can occur anywhere hair grows. Common areas include the scalp, beard area, neck, chest, back, buttocks, groin, thighs, and armpits. It does not affect the palms or soles because these areas do not have hair follicles.

Most superficial cases are mild and clear without lasting damage. Deeper or repeated inflammation can lead to boils, abscesses, dark marks, scars, or permanent hair loss. The likely course and best treatment depend on the cause and how deeply the follicle is affected.

Symptoms

Superficial folliculitis affects the upper part of a follicle. It may cause:

Redness may be less noticeable on brown or black skin. Changes in texture, warmth, tenderness, or skin colour may be easier to see.

Deeper folliculitis can produce larger, firmer, and more painful lumps. A boil forms when infection and inflammation extend more deeply around a follicle. Several connected boils can form a larger swollen area called a carbuncle.

Symptoms can resemble acne, insect bites, heat rash, or keratosis pilaris. Ingrown hairs can cause pseudofolliculitis, which looks similar but develops when cut hairs curve back into the skin. An examination may be needed when the cause is unclear.

- Small red, brown, purple, or skin-coloured bumps around hairs
- White-tipped or pus-filled spots
- Itching, burning, soreness, or tenderness
- Crusting after a spot opens
- A rough patch containing many closely grouped bumps

Causes and risk factors

Bacteria are a common cause. Staphylococcus aureus , which can live harmlessly on the skin or in the nose, may enter a damaged follicle. Exposure to poorly maintained hot tubs or heated pools can cause "hot-tub folliculitis," usually from Pseudomonas bacteria.

Yeasts, particularly Malassezia , can cause itchy, similar-looking bumps on the chest, back, shoulders, face, or scalp. Fungi that infect hair can also inflame follicles. Viruses and parasites are less common causes.

Not every case is an infection. Friction, pressure, sweating, shaving, waxing, and tight or non-breathable clothing can damage follicles. Greasy skin products, oils, dressings, and some workplace chemicals may block them. Certain medicines can produce folliculitis-like eruptions, including some corticosteroids and cancer treatments.

Factors that may make folliculitis more likely include:

Having a risk factor does not mean that you will develop folliculitis. Repeated episodes may have more than one cause.

- Skin conditions that weaken the protective skin barrier
- Frequent shaving or hair removal
- Repeated use of shared pools or hot tubs
- Wearing equipment or clothing that traps heat and sweat
- Diabetes or a weakened immune system
- Long-term antibiotic use, which can alter normal skin microbes

Diagnosis

A healthcare professional can often recognize folliculitis by examining the skin and asking when the bumps started, whether they itch or hurt, and whether you recently shaved, used a hot tub, began a medicine, or changed skin products.

Testing is not always necessary. If the condition is severe, keeps returning, or does not improve as expected, tests may include:

Testing can help distinguish an infection from irritation or another skin condition. It can also guide treatment when previous antibiotics or antifungal medicines have not worked.

- A swab of pus for laboratory culture to identify bacteria
- A skin scraping examined for yeast, fungi, or mites
- A small skin sample, called a biopsy, when the diagnosis remains uncertain

Treatment and management

Treatment depends on the cause, the area involved, and whether inflammation is superficial or deep. Mild cases may improve after the source of friction, blockage, or contamination is removed.

While the skin heals, avoid picking, squeezing, shaving, or waxing the affected area. A clean, warm, moist compress may ease discomfort and help a spot drain naturally. Wash gently and avoid harsh scrubbing, which can cause further follicle damage.

For bacterial folliculitis, a clinician may recommend an antiseptic cleanser or an antibiotic like

amoxicillin or doxycycline applied to the skin. Widespread, deep, or persistent bacterial infection may require an antibiotic taken by mouth. Antibiotics do not treat yeast or irritation, so they should not be used automatically for every outbreak.

Hot-tub folliculitis often settles after exposure stops. More treatment may be needed if symptoms are severe, persistent, or occurring in someone with reduced immune function.

Yeast or fungal folliculitis is treated with antifungal medicine rather than an antibiotic. Treatment may be applied to the skin or taken by mouth, depending on the cause and extent. A clinician may also review medicines or oily products that could be contributing.

A large boil or abscess may need to be opened and drained by a healthcare professional. Do not attempt to cut or drain it yourself.

For recurring bacterial folliculitis, testing may show that the same bacteria are repeatedly living on the skin or in the nose. A clinician may sometimes recommend a planned course of antiseptic washing or other measures to reduce bacterial carriage. These measures are not suitable for every case.

If shaving causes repeated inflammation or ingrown hairs, changing shaving technique, using an electric trimmer, or allowing the hair to grow longer may help. Laser hair removal is an option for selected recurring cases, but it requires professional assessment and can cause skin-colour changes or other side effects.

Complications

Most folliculitis heals without complications. Possible problems include:

Persistent scalp bumps, crusting, or patches of hair loss should be assessed because some inflammatory scalp conditions can cause permanent scarring.

- Repeated or spreading infection
- Boils or an abscess beneath the skin
- Cellulitis, an infection spreading through deeper skin
- Temporary light or dark marks after inflammation
- Raised or indented scars
- Permanent hair loss if deep inflammation destroys follicles

Prevention

Not every episode can be prevented. Folliculitis related to an immune condition, necessary medicine, or an unavoidable skin tendency may continue despite careful skin care.

You may reduce common triggers by washing gently after sweating, changing out of damp clothing, and avoiding clothing or equipment that repeatedly rubs the same area. Clean sports equipment and avoid sharing razors, towels, or washcloths.

If you shave, use clean equipment and avoid going repeatedly over irritated skin. Shaving in the direction of hair growth and leaving a small amount of stubble may reduce ingrown hairs for some people. Stop shaving temporarily if the skin becomes inflamed.

Use hot tubs and pools that appear properly maintained. Showering and changing swimwear after use may reduce prolonged contact with contaminated water, although it cannot guarantee prevention.

Choose non-comedogenic skin products when blocked follicles are a problem. "Non-comedogenic" means designed to be less likely to clog pores. Avoid applying heavy oils or greasy products to areas that repeatedly break out unless they are part of a recommended treatment.

Living with it and what to expect

A mild, superficial episode often improves over days to a few weeks. Marks may remain after the bumps have settled, especially on darker skin. These colour changes usually fade more slowly than the active inflammation.

Some people have repeated episodes linked to shaving, sweating, hot environments, skin products, or bacterial carriage. Recognizing a consistent trigger can make outbreaks less frequent. Recurrence does not necessarily mean that hygiene is poor.

Chronic or deep folliculitis may need follow-up over months. Treatment can control inflammation and address infections, but some forms return when treatment stops or the trigger returns. Scarring and permanent loss of a damaged hair follicle cannot be reversed, although early assessment may limit further damage.

Routine follow-up is useful if outbreaks keep returning, treatment is not working, or the condition is affecting sleep, work, exercise, or confidence.

When to get medical help

Arrange a routine appointment if the bumps are widespread, keep returning, last longer than

expected, or do not improve with gentle skin care. Assessment is also appropriate for painful deep lumps, drainage, scarring, or hair loss.

Seek prompt medical advice if you have diabetes, reduced immune function, or take medicines that suppress the immune system. In these situations, infections may require earlier assessment.

Get urgent medical help if you develop:

Call emergency services for severe illness, such as confusion, fainting, difficulty breathing, or extreme weakness alongside signs of infection. These symptoms are not typical of uncomplicated folliculitis.

- Fever or chills with worsening skin symptoms
- Redness, swelling, or warmth that is spreading quickly
- Rapidly increasing pain or a large, tense swelling
- Red streaks extending away from the affected area
- Swelling near an eye or significant facial infection

Common questions

Is folliculitis contagious?

Folliculitis itself is inflammation and is not always contagious. Some infections that cause it can spread through close skin contact or shared razors, towels, and equipment. Avoid sharing personal items and keep draining areas covered with a clean dressing.

How long does folliculitis last?

A mild episode may settle within several days to a few weeks. The timing depends on the cause, depth of inflammation, and whether the trigger continues. Deep, recurrent, fungal, or non-infectious forms may last longer and need targeted treatment.

Can I pop folliculitis bumps?

It is best not to squeeze or pop them. This can push inflammation deeper, spread infection, delay healing, and increase the chance of scarring. A warm compress may provide relief. A large painful lump may need professional drainage.

Is folliculitis the same as acne?

No. Both can cause inflamed or pus-filled bumps, but folliculitis begins around hair follicles and often produces many similar-looking spots. Acne also involves blocked pores and may include blackheads, whiteheads, and deeper nodules. The two conditions can occur together.

Can shaving cause folliculitis?

Yes. Shaving can irritate follicles, create tiny skin injuries, or lead to ingrown hairs. Clean equipment, less frequent shaving, and avoiding very close shaving may help. Repeated beard-area bumps may be pseudofolliculitis rather than an infection.

Why does my folliculitis keep coming back?

Possible reasons include continued friction or shaving, sweating, blocked follicles, yeast overgrowth, repeated water exposure, or bacterial carriage on the skin or in the nose. Recurrent outbreaks may need a swab, scraping, medicine review, or reassessment of the diagnosis.

Sources

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