SYMPTOM

Chapped lips

Chapped lips are dry, irritated lips that may become flaky, sore, or cracked.

WHAT IT FEELS LIKE
Dry, tight, sore lips that may crack

WHERE IT IS FELT
The lips and sometimes their corners

MOST COMMON CAUSES
Dry weather, lip licking, irritating lip products

WHEN IT IS URGENT
Spreading redness, warmth, pus, or fever

USUALLY LASTS
Several days to two weeks after triggers stop

SEE A DOCTOR IF
Not improving after two weeks of gentle care

Overview

Chapped lips are dry, irritated lips. They may peel, crack, sting, or feel tight. The medical term cheilitis means inflammation of the lips, but it does not identify a single cause.

Your lips have a thinner protective surface than most skin. They also lack the oil glands that help other areas retain moisture. Wind, cold air, sun, saliva, and irritating products can therefore damage their protective barrier.

Most chapping is mild and improves with gentle care. Persistent or repeatedly inflamed lips may need assessment because allergies, infection, sun damage, medicines, and some health conditions can cause similar symptoms.

What it may feel or look like

Chapped lips may affect the upper lip, lower lip, both lips, or just the corners. You may notice:

Deep cracks can hurt when you eat, smile, or open your mouth. Repeated licking may leave a red, irritated area extending beyond the lip border.

Blisters, pus, thick crusts, or a single rough patch that does not heal are not typical simple

chapping. These changes should be assessed rather than repeatedly covered with balm.

- Dryness, tightness, or rough texture
- Flaking, scaling, or peeling
- Burning, stinging, tenderness, or itching
- Small cracks that occasionally bleed
- Redness or mild swelling
- Painful splits at the corners of the mouth

Common causes

Dry, cold, or windy weather is a common trigger. Indoor heating and air conditioning can also reduce moisture in the air. Sun exposure may dry and inflame the lips, particularly the lower lip.

Licking, biting, or peeling the lips can keep the problem going. Saliva briefly wets the skin but then evaporates, leaving it drier. Saliva and repeated rubbing also weaken the skin barrier.

Lipsticks, balms, toothpaste, mouthwash, and skin-care products can irritate the lips. Flavorings, fragrances, menthol, camphor, and some preservatives are possible triggers. A product marketed for dry lips can still cause irritation or an allergic contact reaction.

Less common causes include inflammation at the mouth corners, called angular cheilitis . Saliva may collect there and damage the skin. Yeast or bacteria can then contribute. Dentures, skin folds, and a dry mouth may make this more likely.

Some medicines, especially retinoid medicines used for acne or other skin conditions, can cause marked lip dryness. Dehydration may contribute, although chapped lips alone do not prove that you are dehydrated.

Nutritional deficiencies and inflammatory skin conditions are possible but less common explanations. Long-term sun exposure can also cause a persistently rough or scaly lower lip. A clinician should examine lasting changes rather than assuming they are ordinary dryness.

When to seek medical care

Call emergency services if your lips swell suddenly along with tongue or throat swelling, breathing difficulty, faintness, or trouble swallowing. These can be signs of a severe allergic reaction.

Seek same-day medical care for spreading redness, increasing warmth or pain, pus, or fever.

These features may indicate an infection. Urgent assessment is also appropriate for severe lip peeling or blistering with sores in the mouth, eyes, or genital area, especially after starting a medicine.

Book a routine appointment if your lips:

Arrange earlier advice if you have a weakened immune system or have recently started a medicine that may be affecting your lips. Do not stop a prescribed medicine without discussing it with the prescriber.

- Do not improve after about two weeks of gentle care
- Keep becoming chapped without a clear trigger
- Have painful cracks at the corners that do not heal
- Develop repeated blisters, crusting, or bleeding
- Have one persistent rough, thickened, discoloured, or ulcerated area
- Make eating, drinking, or opening your mouth difficult

How the cause is found

A clinician will usually ask when the chapping started and what makes it better or worse. They may ask about lip licking, weather exposure, sun exposure, dental products, cosmetics, skin conditions, medicines, and symptoms elsewhere on your body.

They will examine the lips, mouth corners, inside of the mouth, and nearby skin. The location and appearance often provide useful clues.

If an allergy is suspected, patch testing may be recommended. This involves placing small amounts of possible allergens on the skin for several days. A swab may sometimes be taken if infection is possible.

Blood tests are not routinely needed for simple chapping. They may be considered when your history or examination suggests a nutritional deficiency or another health condition. A persistent, unusual area may need specialist assessment and, occasionally, a small tissue sample called a biopsy.

Treatment and self-care

Apply a plain, fragrance-free ointment or balm throughout the day and before bed. White petroleum jelly is often well tolerated and helps reduce water loss. Reapply after eating,

drinking, or washing your face.

When outdoors, protect your lips with a broad-spectrum lip sunscreen rated SPF 30 or higher. A scarf can help shield them from cold wind.

Try not to lick, bite, scrub, or pull away peeling skin. These habits reopen cracks and delay healing. If a product burns or stings when applied, stop using it. Temporarily simplify your routine by avoiding flavored, fragranced, plumping, or cooling lip products.

Drink enough fluid to avoid thirst and dark urine. A humidifier may help if indoor air is dry, but it should be cleaned as directed to prevent mould and germ growth.

Do not routinely apply antibiotic like amoxicillin or doxycycline , antifungal like fluconazole or terbinafine , or steroid like prednisone or hydrocortisone creams to your lips without advice. The wrong treatment can irritate the skin, trigger an allergy, or worsen some infections. A clinician may recommend targeted treatment if there is eczema, contact allergy, angular cheilitis, or another identified cause.

What to expect

Mild chapping often starts to settle within several days once the trigger is removed and the lips are protected. Cracks and peeling may take up to about two weeks to heal fully.

Contact reactions can take longer, particularly if the triggering ingredient is still present in toothpaste, cosmetics, or dental products. Chapping caused by a medicine may continue while that medicine is used, but a prescriber may be able to suggest safer ways to manage it.

Symptoms at the mouth corners may keep returning unless moisture, dentures, infection, or another contributing factor is addressed. A persistent sun-damaged patch is unlikely to clear with ordinary balm alone and should be examined.

Common questions

Is chapped lips always a sign of dehydration?

No. Dehydration can contribute to dryness, but weather, lip licking, sun, and irritating products are more direct causes for many people. Other dehydration signs can include thirst, dark urine, and urinating less often.

Should I peel off loose skin?

No. Pulling loose skin can remove healthy tissue, cause bleeding, and create deeper cracks. Use an ointment to soften the area and allow it to shed naturally.

Can lip balm make chapping worse?

Yes. Flavorings, fragrances, cooling ingredients, and allergens can irritate sensitive lips. If several balms have made your symptoms worse, try a simple fragrance-free ointment and stop the other products.

Why do only the corners of my mouth crack?

Saliva can collect at the corners and weaken the skin. Yeast, bacteria, dentures, or skin folds may contribute. Ongoing corner cracks may need a specific treatment, so arrange an appointment if they do not heal.

Can chapped lips be contagious?

Simple dryness and irritation are not contagious. Some infections can cause lip changes that resemble chapping, particularly when there are grouped blisters, spreading crusts, or pus.

Sources

- American Academy of Dermatology Association: 7 dermatologists' tips for healing dry, chapped lips
- NHS: Sore or dry lips
- DermNet: Cheilitis
- DermNet: Angular cheilitis
- Lugovi -Mihi L, Pilipovi K, Crnari I, itum M, Duvan i T. Differential diagnosis of cheilitis-How to classify cheilitis? Acta Clinica Croatica . 2018;57(2):342-351