SYMPTOM

Comedones

Comedones are small skin bumps or dark plugs caused by blocked hair follicles.

WHAT IT FEELS LIKE
Small, usually painless bumps or dark plugs

WHERE IT IS FELT
Face, chest, shoulders, or back

MOST COMMON CAUSES
Acne-related follicle blockage, oily products, repeated friction

WHEN IT IS URGENT
Rapidly spreading redness, severe pain, or fever

USUALLY LASTS
Weeks to months, depending on blockage and treatment

SEE A DOCTOR IF
Persistent, worsening, scarring, or distressing bumps

Overview

Comedones are blocked hair follicles in the skin. Each follicle contains a tiny hair and an oil-producing gland. Oil and dead skin cells can collect inside the follicle, forming a small plug.

An open comedone is commonly called a blackhead. Its surface is open to the air, which darkens the material in the follicle. The dark colour is not trapped dirt.

A closed comedone is commonly called a whitehead. A thin layer of skin covers the blockage, creating a pale or skin-coloured bump.

Comedones are most often linked with acne, but they can also develop because of skin products, repeated friction, sun damage, or less common skin conditions. They are a visible skin finding rather than a diagnosis by themselves.

What it may feel or look like

Comedones are usually small and not painful. They may feel slightly rough when you run a finger over the skin.

You may notice:

A comedone can become inflamed if the follicle wall becomes irritated. It may then turn red, swollen, or tender. A larger painful lump is not simply a comedone and may need different treatment.

Sebaceous filaments can resemble blackheads, especially on the nose. These are normal structures that carry skin oil to the surface. They tend to be smaller, evenly spaced, and quick to return after removal.

- Dark, flat or slightly raised plugs
- White or skin-coloured bumps without a visible opening
- Groups of bumps on the forehead, nose, chin, chest, or back
- A mixture of comedones, red spots, and pus-filled spots

Common causes

The most common cause is acne-related blockage. Skin cells lining a follicle do not shed normally and mix with sebum, the skin's natural oil. This creates a plug. Hormonal changes can increase oil production, particularly during puberty and around menstrual cycles.

Heavy or oily cosmetics, hair products, sunscreens, and skin creams can contribute. Hair oils and styling products may cause bumps along the forehead or hairline. Products labelled "non-comedogenic" are designed to be less likely to block follicles, although no product works perfectly for everyone.

Friction, pressure, heat, and trapped sweat may also play a part. Examples include tight helmets, chin straps, masks, collars, or sports equipment.

Less common explanations include long-term sun damage, which can cause grouped comedones around the eyes in some older adults. A rare birthmark called a comedonal nevus can produce a line or patch of comedone-like openings, often beginning in childhood.

Exposure to certain industrial chemicals may cause a condition called chloracne. If comedones appeared after a workplace or environmental chemical exposure, arrange a medical assessment and follow your workplace safety process.

When to seek medical care

Comedones alone are not usually urgent. Book a routine appointment if they persist despite consistent self-care, are getting worse, leave dark marks or scars, or affect how you feel about your appearance. You should also seek advice if you are unsure whether the bumps are

comedones.

Arrange same-day care if the area becomes rapidly more red, hot, swollen, or painful, especially if redness is spreading or you develop a fever. These changes may suggest infection or another condition rather than uncomplicated comedones.

Seek emergency help if swelling of the face, lips, tongue, or throat develops after using a skin product, particularly with trouble breathing, wheezing, faintness, or widespread hives. This could be a serious allergic reaction.

How the cause is found

A healthcare professional can usually recognise comedones by examining the skin. They may look at the type of bumps, where they occur, and whether there are inflamed spots or scars.

You may be asked when the bumps started and whether they change with menstrual cycles, sweating, work exposures, or particular products. Bring a list or photographs of cosmetics, hair products, medicines, and supplements if you think one may be involved.

Tests are rarely needed for straightforward comedones. Further assessment may be appropriate if the appearance is unusual, the bumps began suddenly after a chemical exposure, or other symptoms suggest a hormonal or skin condition.

Treatment and self-care

Gentle skin care can reduce further blockage. Wash affected skin with a mild cleanser up to twice daily and after heavy sweating. Scrubbing, abrasive brushes, and frequent washing can irritate the skin without removing a deep follicle plug.

Avoid squeezing or picking. This may push material deeper, increase inflammation, and contribute to dark marks or scarring.

Non-prescription products containing salicylic acid can help loosen dead skin cells inside follicles. Adapalene is a topical retinoid, a vitamin A-related medicine that helps prevent new blockages. Follow the product label, begin gradually if directed, and avoid combining several irritating products at once. Ask a healthcare professional before using a topical retinoid if you are pregnant or planning pregnancy.

Improvement is gradual. Dryness, stinging, or peeling may occur when starting an acne treatment. A non-comedogenic moisturiser and sunscreen can help protect irritated skin. Stop a product and seek advice if it causes marked swelling, blistering, or a severe rash.

A clinician may recommend prescription topical treatment when non-prescription care is not enough. Mixed acne containing both comedones and inflamed spots may need a combination approach. Dermatologists can sometimes remove selected comedones with sterile instruments, but home extraction tools can damage the skin.

What to expect

Individual comedones may remain for weeks or longer. Even when treatment begins to work, existing plugs need time to clear, and early improvement may be subtle.

Consistent treatment is usually more useful than frequently changing products. New bumps may continue to appear if treatment is stopped while the follicles are still prone to blockage.

Comedones do not usually scar unless they become inflamed or are repeatedly picked. Dark marks after inflammation may fade slowly, particularly in darker skin tones. If scarring or lasting colour changes are developing, arrange an appointment rather than relying on stronger home treatments.

Common questions

Are blackheads caused by poor hygiene?

No. Their colour comes from material in an open follicle reacting with air. Dirt does not cause the black colour, and vigorous scrubbing may make the skin more irritated.

Can food cause comedones?

Diet may influence acne for some people, but comedones are not usually explained by one food. Avoiding broad food groups without medical advice may be unnecessary. A simple symptom and food diary can help if you notice a consistent pattern.

Should I use pore strips?

Pore strips can remove some surface material temporarily, but they do not prevent the follicle from blocking again. They may also irritate sensitive skin.

Are comedones contagious?

No. They cannot spread from one person to another through touching, towels, or shared spaces.

Can makeup be used over them?

Usually, yes. Choose products labelled non-comedogenic or oil-free, remove makeup gently

before bed, and stop using products that repeatedly seem to trigger new bumps.

Sources

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