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ECZEMA ORBICULARE ORIS



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It is not uncommon to see eczema about the mouth, upon the vermilion border of the lips or on the adjacent skin. The patch is often orbicular with a fairly well-marked outer margin which sometimes defines the limits of the area which the tongue can reach. Reference has already been made to the frequency with which an eczema located near a mucous orifice of the body is caused, prolonged or aggravated by the mucous secretion. Eczema of the lips may be caused also by the use of strongly aromatic mouth washes or tooth pastes, or by tobacco, and it may be protracted to some extent by the movements of the lips in laughing, talking and eating, but in most instances the pertinacity of the condition is due to the habit of frequently moistening the lips with the tongue. When the eczema is started a vicious circle is established; the patient continues to lick the lips to relieve the uncomfortable feeling of stiffness, itching or burning, and the saliva aggravates the eczema. The condition is usually much worse in cold weather. It lasts indefinitely. In time the eczema may spread far beyond the reach of the tongue, and eczema of the lips is not infrequently associated with eczema of other parts of the face. The type of the disease is, as a rule, the erythematous-squamous, though vesicles, pustules and crusts occur, especially in children. Fissures are

quite common. On the skin the itching may be severe; on the vermilion border the disease causes rather the sensations of heat and tension; the fissures are painful. **DIAGNOSIS:** There is rarely any difficulty in diagnosis. *Herpes labialis* runs a regular course. It begins as a group of discrete, sometimes rather large vesicles which cause only mild pruritus and show no tendency to rupture, but dry to crusts which fall off in eight to ten days. *Impetigo contagiosa* is common in children, but is rarely confined to the lips. It also runs an acute course, beginning as flaccid vesico-pustules which dry to yellow, "stuck on" crusts. The itching is very slight; there is usually evidence of autoinoculation and contagion. **TREATMENT:** If the habit of moistening the lips can be broken the condition usually responds readily to treatment with simple remedies, such as Lassar's zinc paste, preferably without the salicylic acid unless there is considerable thickening and desquamation. Ceratum camphorae compositum N.F. is one of the best preparations to apply to the vermilion border of the lips. It softens the mucous membrane and prevents the peeling and cracking. Frequent paintings with the compound tincture of benzoin sometimes relieve. This measure has the advantage that the benzoin forms a waterproof coating over the affected area.