



## **PSEUDOFOLLICULITIS**

### **What are the aims of this leaflet?**

This leaflet has been written to help you understand more about pseudofolliculitis. It tells you what it is, what causes it, what can be done about it, and where you can find out more about it.

### **What is pseudofolliculitis?**

Pseudofolliculitis, also known as ‘shaving bumps’, or ‘razor bumps’, is inflammation of hair follicles and surrounding skin, caused by hairs trapped beneath the skin surface. It appears similar to folliculitis, which is inflammation of hair follicles due to infection, but the inflammation in pseudofolliculitis is not primarily due to infection. Pseudofolliculitis is typically seen on the face and neck of men who shave, when it may be called pseudofolliculitis barbae, (“barba” being the Latin word for a beard). It is more common in men of sub-Saharan African lineage, however, can affect men and women of all ethnicities in any body area where hairs are coarse, abundant and subject to shaving, waxing and tweezing.

### **What causes pseudofolliculitis?**

Hair removal, particularly shaving, leads to pseudofolliculitis. Usually the hair has been cut too short resulting in the hair shaft retracting back into the hair follicle (ingrown hair). As the hair grows it can then break into the wall of the hair follicle, enter the surrounding skin and result in inflammation.

This process is more likely to occur in curly hair. In addition, skin folds or scarred skin may allow in-growth of straight hairs.

### **Is pseudofolliculitis hereditary?**

No.

## **What are the features of pseudofolliculitis?**

Red spots and pustules develop on the skin overlying the inflammation. Spots can be large and, once healed, may cause a dark discolouration of the skin (post inflammatory hyperpigmentation) and scarring, including keloid scarring.

## **How will pseudofolliculitis be diagnosed?**

The diagnosis is usually made based on the characteristic clinical appearance of the skin in hair-bearing body sites occurring in an individual with curly hair who gives a history of hair removal. Sometimes the hairs which penetrate the skin by re-entry can be seen with a magnifying glass.

## **Can pseudofolliculitis be cured?**

Yes, if shaving, waxing or tweezing is stopped, though it may take 4-6 weeks for inflammation to settle and for the hairs to reach a length where ingrowth will not recur. If the practice of hair removal continues, the problem is likely to persist, although some measures can be taken to help.

## **How can it be treated and what can I do?**

The only certain cure is to stop shaving, waxing or tweezing.

Adjusting your shaving technique may sometimes help. There is no single technique that works for everyone because, for some people, the problem is due to hairs curling back into the skin, whilst for others, the cause is that hairs are cut so short that they retract. You should experiment to find the best method for yourself.

Wet shaving usually gives a closer shave than using an electric razor, but the choice is once again an individual one. Those who wet shave should avoid methods that give such a close shave that the hair retracts inside the follicle. The following is recommended:

1. Shave in the direction of hair growth
2. Avoid stretching the skin tight
3. Use single blades
4. Shave every second day rather than daily, if possible
5. Aim for a stubble length of 1 mm, though the beard area will not look clean shaven
6. Avoid plucking hairs

Other possibilities:

- Ingrown hairs can be lifted out using a sterile needle, although this is not practical for those with widespread ingrown hairs. Brushing the skin gently with an abrasive sponge or toothbrush to 'release' the hair is less effective but quicker.
- Some find that removing facial hair with a depilatory cream (a chemical that dissolves the hair) helps avoid ingrowing hair, but many find that these preparations irritate the skin.
- Lasers and intense pulsed light can be used to reduce hair growth for prolonged periods but, in dark skin, there is a high risk of developing increased or decreased pigmentation of the skin.
- Inflammation can be reduced by creams containing a steroid preparation, and antiseptic lotions reduce the risk of infection. (see leaflet on [Topical corticosteroids](#))
- A short course of an oral antibiotic may be used to treat infection. Some antibiotics with additional anti-inflammatory effects may be used on a more long term basis in more severe cases.
- Retinoid creams or retinoid/antibiotic combinations may occasionally be prescribed by your GP, dermatologist or specialist dermatology nurse.

For details of source materials used please contact the Clinical Standards Unit ([clinicalstandards@bad.org.uk](mailto:clinicalstandards@bad.org.uk)).

**This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.**

*This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel*

**BRITISH ASSOCIATION OF DERMATOLOGISTS  
PATIENT INFORMATION LEAFLET  
PRODUCED DECEMBER 2006  
UPDATED MAY 2010, SEPTEMBER 2013, NOVEMBER  
2016  
REVIEW DATE NOVEMBER 2019**

