Bacteria colonize certain parts of the body like nares, axilla, groin, oral cavity and reduction in population of bacteria is very important to reduce the recurrence of folliculitis.

### Decolonization
- Oral antibiotics as prescribed depending on the weight and other clinical factors.
- Application of 2% mupirocin cream twice daily in nares, axilla, groin.
- Chlorhexidine mouthwash thrice a day.
- Daily body washing with chlorhexidine soap.

All these measures used five days in a month for a period of three months significantly reduces Recurrent folliculitis.

### Surgery
Incision and drainage may be required in severe cases.

### 8. What are the self-care measures to prevent Recurrent folliculitis?

- Few simple measures can be adopted to prevent Recurrent folliculitis.

### Do's and Don’ts

#### Do’s
- Take and apply your medicines regularly and for the adequate duration.
- Maintain good hygiene.
- Pat yourself dry carefully after taking bath.
- Take care when shaving and prevent nicks or cuts.
- Handwashing is very important to prevent spread of Recurrent folliculitis.
- Control your blood sugar.
- Reduce your body weight and exercise regularly.

#### Don’ts
- Don’t self-medicate.
- Don’t share your towel, use public bath, clothing with others till you are cured.

Disclaimer:
This leaflet is only for general patient information and is not intended for self-medication. There is no legal liability of IADVL arising out of any adverse consequences to the patient subsequent to its use for self-treatment of the disease. Images are just for the depiction of the condition and are not to be used for any other purpose.

Weblink to Patient Information Leaflet:
www.iadvl.org/patientinformationleaflet
1. What is recurrent folliculitis?
- Painful swelling involving the hair is commonly known as boil or folliculitis. If it occurs more than three times in a year, it is known as recurrent folliculitis.

2. How can one get recurrent folliculitis?
- Folliculitis occurs when the bacteria called Staphylococcus aureus causes infection of the hair follicle.

3. How is the infection transmitted? What are the risk factors for development of recurrent folliculitis?
- The infection is transmitted by direct skin contact with infected person or by sharing objects of daily use (fomites).
- High temperature, overcrowding humidity and occlusive atmosphere predisposes to development of folliculitis (environmental factors).
- The predisposing factors for recurrent folliculitis include certain diseases such as diabetes mellitus, HIV infection, anaemia, kidney disease, atopic dermatitis or patients who are on steroids or anticancer drugs are high risk for development of recurrent folliculitis (host factors).
- The bacteria colonize certain body areas such as nares, axilla, groin and these are carrier sites from where the recurrent infections can be triggered.

4. How does recurrent folliculitis manifest? Which areas of the body are affected?
- Folliculitis appears initially as a painful red area involving the hair follicle or the area around it; it may be filled with pus and is usually painful or has a burning sensation.
- In severe cases, the infection may spread deeper and to surrounding tissue and may cause a painful swelling. This is termed furunculosis.

5. What should one do if he / she gets recurrent folliculitis?
- Consult a dermatologist since it can be easily diagnosed on history and the clinical appearance of the lesions.

6. Are there any laboratory tests to diagnose recurrent folliculitis?
- Diagnosis is usually done by dermatologist based on clinical features.
- If needed, swab from the centre of the lesion or pus discharge can be subjected to laboratory tests to confirm the diagnosis and identify the causative organism by microscopy and culture.
- Culture for detecting the sensitivity of organism to various antibiotics is mandatory.

7. How is recurrent folliculitis treated?
Recurrent folliculitis is treated with oral antibiotics and topical treatments for decolonization of bacteria and surgery may be required in severe cases.

**Antibiotics**
- Oral antibiotics as prescribed depending on the weight and other clinical factors.
- Antibiotics once prescribed should be taken for as long as prescribed and should not be stopped by self as it leads to increase in resistance.
- Inform the doctor about allergy with antibiotics if any. Antibiotics can result in gastrointestinal upset or rash, consult the dermatologist in case of any such complaints.