

# Angular cheilitis

(stomatitis)



**Information for patients**  
Charles Clifford Dental Hospital

## What is angular cheilitis?

Angular cheilitis is the cracking, crusting or soreness of the corners of your mouth, where the lips join at each side.

## What causes angular cheilitis?

- It is caused by infection with a yeast called Candida. Candida is often present in the mouth and, if it spreads to the corners of the mouth, it can cause angular cheilitis.
- It can also be caused by infection with the bacteria Staphylococcus aureus. This organism is present without causing problems in the nose of some people. If it spreads to the corners of the mouth it can cause angular cheilitis.
- The chance of getting angular cheilitis may increase:
  - If you have some chronic bowel problems
  - If you are low in iron, vitamin B12 or folic acid
  - If you have a condition where you drool saliva at the corners of the mouth
  - If you wear dentures that do not adequately support the corners of the mouth

## What are the signs and symptoms of angular cheilitis?

Some people will have no symptoms. However you may notice:

- Cracking, crusting and/or redness of the corners of your mouth
- Sore corners of your mouth
- Bleeding from the corners of your mouth
- Creasing or folds at the corners of your mouth
- Persistent wetting of the corners of your mouth with saliva



## How can you prevent angular cheilitis?

If you take the following steps you may be able to prevent angular cheilitis from developing:

- Maintain good oral and denture hygiene

- Wear well-fitting dentures which provide adequate lip support
- Regularly rinse your mouth with water after using steroid inhalers and use a spacer with the inhaler
- Keep good control of your diabetes
- Eat a well-balanced diet

## How is angular cheilitis diagnosed?

Usually it is diagnosed by a dentist or doctor after hearing about the problems you may be experiencing in your mouth and after clinical examination.

Additional tests may be used to confirm the level of candida in your mouth, eg an oral rinse test. If you have an oral rinse test you will be asked to rinse your mouth with salty water and spit into a container. We will send this sample to a Microbiology laboratory for testing. We may also take swabs from the corners of your mouth and/or nostrils and send them for testing. The Microbiology laboratory will identify whether Candida or Staphylococcus aureus are present.

## How is angular cheilitis treated?

We will arrange for you to have blood tests to check that you have no underlying problems with your blood count, iron, folate or vitamin B12 or blood glucose levels.

You may be given a mouthwash called Nystatin which you will need to rinse around your mouth four times each day, usually for 2 weeks. This will treat any candida infection of the mouth. You could also be given a cream called Miconazole which you would need to apply to the corners of your mouth usually 2-4 times daily for 2 or more weeks. This can treat Candida and Staphylococcal infections. Other antibiotic creams or ointments may also be used. Sometimes you may need a course of tablets such as Fluconazole.

Corsodyl mouthwash (chlorhexidine gluconate) may also be prescribed as it has antifungal properties. Your doctor or specialist will advise you as to the most appropriate treatment.

It is important to follow the instructions on how to take your treatment and to complete the course of treatment even if your symptoms go away earlier.

Some medicines used in treating your oral condition can interfere with other medicines you may be taking. It is therefore important to tell your doctor/dentist about all the medicines you are currently taking. You will be advised how to use the drug chosen for you.

## Other sources of information

- [www.nhs.uk/conditions/Oral-thrush---adults/Pages/Introduction.aspx](http://www.nhs.uk/conditions/Oral-thrush---adults/Pages/Introduction.aspx)
- [www.dermnetnz.org/site-age-specific/angular-cheilitis.html](http://www.dermnetnz.org/site-age-specific/angular-cheilitis.html)
- [www.nlm.nih.gov/medlineplus/ency/article/000626.htm](http://www.nlm.nih.gov/medlineplus/ency/article/000626.htm)



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