



KERATOSIS PILARIS

Keratosis pilaris (KP) is a common skin condition, caused when dead skin cells accumulate around the opening of a hair follicle, forming a tiny pointed plug. This results in skin that is rough to the touch, appearing noticeably bumpy and having a texture similar to coarse sandpaper. KP usually occurs on the cheeks and the backs of the upper arms but can be seen on the thighs and the torso in some persons. In extreme cases, the condition can be the source of considerable distress and embarrassment. Sometimes, the skin around the follicle becomes reddened, producing a pattern of tiny pink dots. There may be uniform redness over the entire cheek areas (keratosis pilaris rubra).

KP is most common in children. It is believed that as many as 50% of us have at least a small amount of KP at some time during our first 10 years of life. It is occasionally a problem for teens or young adults, also, but it is rare in elderly individuals. KP may worsen in the winter, and it is not related to acne.

The tendency for KP can run in some families. Also, it is seen very commonly in persons with allergies and atopic dermatitis ("eczema") or with the type of inherited dry skin called "ichthyosis". Patients are often told that the condition is caused by allergies, but this is best considered a myth.

Persons with keratosis pilaris should use gentle soap and should use moisturizing lotions routinely after bathing, showering, or swimming. The use of gentle abrasion with a loofah is sometimes helpful. If this is not successful, several medications can be prescribed to produce "exfoliation", or enhanced skin shedding. These may include urea, salicylic acid, lactic acid, or topical retinoids. Most importantly, KP is not serious, and it tends to diminish with time.

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