



KERATOSIS PILARIS

What is the aim of this leaflet?

This leaflet has been written to help you understand more about keratosis pilaris. It tells you what the condition is, what causes it, what can be done about it, and where more information can be found.

What is keratosis pilaris?

Keratosis pilaris (KP) is a very common skin condition, typically seen in children and young adults. It is harmless and affects more than half (50-70%) of teenagers and many (approximately 40%) adults. The term 'keratosis' means that there is too much keratin, the protein that protects skin from infections and other harmful things, while 'pilaris' comes from the Latin for hair (pilus). In keratosis pilaris, many small (1 to 2 mm across) plugs can be seen blocking the hair follicles (hair roots) on the upper and outer parts of the arms and thighs. This can look like goose bumps but can be rough to touch. Keratosis pilaris appears when extra keratin accumulates in the hair follicles. This usually starts in childhood and becomes more obvious during teenage years and in adulthood. This condition often gets worse in winter than summer for various reasons, such as the skin often gets dry during winter and the skin rubs more against thick clothing. Keratosis pilaris may be associated with other skin diseases such as ichthyosis vulgaris and atopic eczema.

What causes keratosis pilaris?

We do not fully understand the cause of keratosis pilaris, but it appears to be associated with certain genes. Keratosis pilaris is harmless and is not infectious.

Is keratosis pilaris hereditary?

It is usually found in more than one member of a family. The way it is inherited varies from family to family, but it often fits into an 'autosomal dominant' pattern. This means that there will be a 1 in 2 chance that each child of an affected parent will inherit the condition.

What are the symptoms of keratosis pilaris?

Some people find keratosis pilaris unattractive. The skin feels rough, dry and appears as though it has permanent goose bumps. It can occasionally be itchy as well.

What does keratosis pilaris look like?

The groups of small bumps are most common on the backs of the upper arms and on the fronts of the thighs. Keratosis pilaris can also affect the buttocks, lower back and chest and, in less common forms, the face and eyebrows as well. Some redness may appear around the small bumps.

How will keratosis pilaris be diagnosed?

There are no specific tests for keratosis pilaris. The doctor will be able to make a diagnosis based on the typical appearance. There are other conditions that can sometimes look similar to keratosis pilaris and a skin biopsy might help the diagnosis.

Can keratosis pilaris be cured?

No. However, it often (but not always) clears up during adult life.

How can keratosis pilaris be treated?

Treatments don't clear keratosis pilaris completely, but they can improve the condition temporarily. Emollients (moisturisers) can help soften the texture of the skin. Creams containing salicylic acid, lactic acid and/or urea can soften and flatten the bumps on the skin. These creams can be purchased over the counter or obtained on prescription from the doctor. The doctor may also sometimes prescribe topical retinoids (a group of medications related to vitamin A) which may reduce the

redness and rough texture. Other treatments can also be used. However, they are not offered on the NHS (National Health Service) and HSC (Health and Social Care) as they can be expensive and are not shown to be very effective. These include topical corticosteroids, photodynamic therapy, various lasers, chemical peels and dermabrasion. In many cases, it may be best to wait for the problem to improve on its own.

CAUTION:

This leaflet mentions 'emollients' (moisturisers). Emollients, creams, lotions and ointments contain oils. When emollient products get in contact with dressings, clothing, bed linen or hair, there is a danger that they could catch fire more easily. There is still a risk if the emollient products have dried. People using skincare or haircare products should be very careful near naked flames or lit cigarettes. Wash clothing daily and bedlinen frequently, if they are in contact with emollients. This may not remove the risk completely, even at high temperatures. Caution is still needed. More information may be obtained at <https://www.gov.uk/guidance/safe-use-of-emollient-skin-creams-to-treat-dry-skin-conditions>.

Self Care (What can I do?)

General measures to reduce skin dryness may help:

- Use mild soaps or soap substitutes
- Apply emollients (moisturisers) frequently
- Have tepid rather than hot showers or baths
- The gentle use of an exfoliator may sometimes help

Where can I get more information about keratosis pilaris?

Web links to detailed leaflets:

<http://www.nhs.uk/conditions/keratosis-pilaris/Pages/Introduction.aspx>

<http://www.dermnetnz.org/acne/keratosis-pilaris.html>

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

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