

Patient Information for Keratosis pilaris in Infant/Neonate/Child/Adult

Overview

Keratosis pilaris is a very common benign skin condition appearing as small, whitish bumps on the upper arms and thighs, especially of children and young adults. Individual lesions of keratosis pilaris arise when a hair follicle becomes plugged with keratin, a protein found in skin, hair, and nails.

Who's At Risk

Keratosis pilaris can affect people of any age, any race, and either sex. It is more common in females.

Keratosis pilaris often develops by age 10 and can worsen during puberty. However, it frequently improves or even goes away by early adulthood.

Keratosis pilaris can affect 50-80% of teenagers and up to 40% of adults. Many people have a family history of keratosis pilaris. A large number of individuals with ichthyosis vulgaris (an inherited skin condition characterized by very dry, very scaly skin) also report the presence of keratosis pilaris.

Signs & Symptoms

The most common locations for keratosis pilaris include:

- Backs of the upper arms
- Fronts of the thighs
- Buttocks
- Cheeks, especially in children

Tiny (1-2 mm) white to gray bumps occur, centered in the hair follicle. Sometimes a thin, red ring may surround the white bump, indicating inflammation. The bumps all look very similar to one another, and they are evenly spaced on the skin surface.

Rarely, people with keratosis pilaris may complain of mild itching.

Keratosis pilaris tends to improve in warmer, more humid weather, and it may worsen in colder, drier weather.

Self-Care Guidelines

There is no cure for keratosis pilaris, though its appearance can be improved. It is often helpful to keep the skin moist (hydrated) and to use mild, fragrance-free cleansers with daily

applications of moisturizer.

Creams and ointments are better moisturizers than lotions, and they work best when applied just after bathing, while the skin is still moist. The following over-the-counter products may be helpful:

- Preparations containing alpha-hydroxy acids such as glycolic acid or lactic acid
- Creams containing urea
- Over-the-counter cortisone cream (if the areas are itchy)

Do not try to scrub the bumps away with a pumice stone or similar harsh exfoliant; these approaches may irritate the skin and worsen the condition. Similarly, try to avoid scratching or picking at the bumps, as these actions can lead to bacterial infections or scarring.

When to Seek Medical Care

Keratosis pilaris is not a serious medical condition and has no health implications. However, if self-care measures are not improving the appearance of the skin and it continues to bother you, see a dermatologist or another physician who may be able to recommend more aggressive treatments.

Treatments Your Physician May Prescribe

Many episodes of keratosis pilaris improve with time. However, it is generally regarded as a long-lasting (chronic) skin condition. Treatments are aimed at controlling the rough bumps, not curing them. Keratosis pilaris bumps will come back if therapy is stopped.

To treat the bumps of keratosis pilaris, the physician may recommend a topical cream or lotion containing:

- Prescription-strength alpha- or beta-hydroxy acids (glycolic acid, lactic acid, salicylic acid)
- Prescription-strength urea
- A retinoid such as tretinoin or tazarotene
- High concentrations of propylene glycol

For keratosis pilaris that is itchy or inflamed, the doctor may recommend the short-term use of a topical corticosteroid to reduce the inflammation.