



DAWES FRETZIN DERMATOLOGY

Keratosis Pilaris

Keratosis pilaris (KP) is a disorder of hyperkeratosis (focal thickening of the top layers of skin). Skin cells that normally are shed instead are too "sticky" and create small bumps around hairs. A very common benign condition manifests as rough bumps in characteristic areas of the body (upper arms, thighs, and lower cheeks). It affects nearly 50-80% of all adolescents and approximately 40% of adults. Approximately 30-50% of patients have a family history of the condition. Seasonal variation is possible, with some improvement of symptoms in summer months. Overall, KP tends to improve with age in many patients. Some patients have lifelong KP with periods of remissions and exacerbations.

No cure or universally effective treatment is available. Symptoms usually improve with age. General measures to prevent excessive skin dryness (e.g., use of mild soaps and thick cream emollients) are recommended.

Treatment options include:

- moisturizing emollients - such as Cetaphil cream (OTC)
- Lactic acid - Lachydrin lotion/cream, Amlactin lotion/cream (OTC),
- Retinoid cream - tretinoin, Tazorac, Retin A
- Alpha-hydroxy acid lotions - Eucerin plus (OTC)
- Urea cream - Carmol, Kerol, Keralac, Hydrofoam 35
- Salicylic acid - Salex lotion/cream, Salvax foam, CeraVe Renewing SA cream (OTC)
- Topical steroids - sometimes, only if moderate redness is present

*OTC indicates products available over-the-counter

Gently massage the medication into the affected area twice a day. After initial control is achieved, a maintenance regimen of daily to weekly treatment is needed. If treatment is stopped, the bumps will often slowly resurface.

Vibraderm (microdermabrasion): This is a procedure performed by estheticians in our office to gently, physically exfoliate the skin to achieve smoother skin texture of the treated area. These results are temporary and can be repeated every 4-6 weeks as desired. Cost - \$50/treatment