



Keratosis Pilaris

Keratosis Pilaris is a very common genetic follicular disease manifested by the appearance of rough bumps on the skin - like goosebumps or chicken flesh. Primarily, it appears on the back and outer sides of the upper arms (90%), but can also occur on thighs (60%). It is much less common on the buttocks, but it can occur on any body part except the palms or soles. There are numerous tiny rough spots in the affected area. Each one is a horny keratin plug, sometimes rather red but only rarely itchy and never sore.

It may occur in babies where it tends to be most obvious on the cheeks. Most types of keratosis pilaris are evident during childhood, sometimes disappearing, just to come back at the onset of the teen years. Some sufferers outgrow symptoms (it usually starts to improve at age 16 and older), but others experience Keratosis Pilaris for many years, but generally it becomes less obvious in adult life. Keratosis Pilaris may also appear spontaneously during different stages of life, even if it was never apparent before. It is uncommon in older people. It is particularly prevalent in those with celtic backgrounds.

There are several different types of keratosis pilaris, including keratosis pilaris rubra (red, inflamed bumps), alba (rough, bumpy skin with no irritation), rubra faciei (reddish rash on the cheeks) and related disorders. Related disorders include: Darier Disease (Keratosis Follicularis) - also called lichen pilaris, or follicular xeroderma.

KP is estimated to affect roughly half of the world's over-all population. The inheritance pattern of the condition is dominant. This means that only one copy of the KP gene is required to result in a person developing this condition. The practical implications of this are that if one parent has KP, the chance of the couple's child having KP is over 50%. If both parents have the condition, the odds are even higher.

What happens

Keratosis pilaris is completely harmless but frequently it is unsightly. It occurs because as the skin renews itself, old skin cells in the hair follicles get stuck because they are excessively adherent, forming a scaly plug. This phenomenon is known as abnormal keratinization or hyperkeratinization (failure of skin to desquamate or shed its outer layer of cells properly). It is limited to the hair follicles, manifesting itself as discrete, tiny follicular papules (solid, usually conical elevations). The fact that it is localized to the individual follicles and occurs in each and every one in a certain area, explains its characteristic "millions of bumps" appearance.

Sometimes, this hyperkeratotic buildup entraps the hair within the follicle. The trapped hair gets bunched up and may lead to a red irritated bump that may fill with pus. These pus filled red bumps are often confused with bacterial folliculitis or acne.

People with a history of skin allergies are most susceptible to this condition. The papules tend to occur in association with allergic dermatitis and several types of xerotic (dry) skin disorders. Both of these conditions have a strong hereditary link.

Keratosis pilaris tends to be more severe during the winter months or other times of low humidity when the skin dries out so you will notice a fairly clear-cut seasonal variation. Areas where relative humidity is low have a higher incidence of Keratosis Pilaris.

Treatment Possibilities

Currently, there is no cure, only treatments that help relieve symptoms.

- **Shower tips** - Shower cleansers must be formulated for sensitive skin (little or no surfactant). Surfactants (soaps) work against keratosis pilaris by denaturalizing oils that keep much needed moisture from leaving the skin.
- **Abrasion** - CAREFUL use of a coarse wash cloth, a buff-puff, a nylon shower sponge or a body brush with an over the counter alpha hydroxy based cleanser, or an acne wash can sometimes diminish the problem by helping to unblock clogged pores. Don't overdo exfoliation as this may cause irritation, and actually worsen the situation by leading to infection in the clogged, inflamed pores! Be especially careful when applying treatment products after exfoliating during the bath.
- **Exfoliants** - Over the counter creams containing "fruit acids" (glycolic acid and lactic acid) help with increased skin turn-over.
- **Lotions and creams** - Application of "light" lotions or creams is recommended post-shower as they will "lock in" moisture absorbed from your bath on the surface of your skin. Remember, hydration of the stratum corneum (upper layer of the skin) is vital for the management of keratosis pilaris. Apply carefully however as some people find that heavy lotions "feed" their keratosis pilaris by amplifying the appearance of the red marks/dots. There are two reasons for this effect: 1) kp is a dry skin disorder, and dry skin tends to be opaque or ashy, camouflaging or partially hiding any red marks or mini-scars you may have. Lotions have a "soaking" effect that will reveal marks or scars that are present. 2) Some "active" products cause mild irritation that intensifies the characteristic redness associated with keratosis pilaris. **Lazer Cream**, a well tolerated prescription moisturizer for keratosis formulated with Vitamins A and E is often beneficial.

- **Salicylic acid products** - (Keralyt and others) may have a devascularizing effect on the skin thus, reducing redness. Still, these can irritate and dry the skin excessively if left on the skin for long periods of time. Salicylate poisoning could occur if these products are used extensively (especially on children).
- **Sun exposure** - Just as for acne - mild sun exposure might improve symptoms temporarily in some individuals. I DO NOT support as sun exposure can cause premature aging with the destruction of skin texture, sun spots and will ultimately lead to skin cancer. Sun exposure in people who are very dark skinned may lead to over pigmented dark spots - caution! [Read our sunscreen article.](#)
- **Stress** - Many articles & reports support the fact that inflammatory skin disorders are linked to stress and anxiety. Note that the hereditary factor is still there. But inflammatory skin disorders in general are exacerbated by stress. Consider learning [self hypnosis](#), meditation, or yoga to relieve stress in your life!
- **Professional Treatments** - **Tretinoins** (*Retin-A*, etc.) in prescription gel or cream form, help speed up the exfoliating process. For the first few weeks of treatment, redness and peeling of the treated areas can be expected. Tretinoin is not suitable for young children and must not be used in pregnancy. **Urea** in the formulation *Ureacin*, is a strong acid moisturizer that works well for some. Similarly, **glycolic and lactic acid peels** can be useful in improving stubborn cases by speeding up the natural exfoliating process in the stratum corneum and opening pores. **Micro-dermabrasion** is another option - it does mechanically what glycolic and lactic acid peels do chemically.
- **Sauna** - Using a sauna helps to soften the skin by improving hydration. This is not an option for everyone as some people have a heat sensitive component to their kp.

What it looks like:

