PRIMARY CARE DERMATOLOGY SOCIETY

Promoting Confident Dermatology Since 1994

What is keratosis pilaris?

Keratosis pilaris (KP) is a very common skin condition often seen in children and young adults. “Keratosis” means a build-up of keratin or scale in the skin and “pilaris” comes from the word for hair. In KP there is a build-up of scale which blocks or plugs the hair follicles. KP may become more obvious in teenage years, but often clears in adults.

What does keratosis pilaris look and feel like?

Tiny scaly bumps (1-2mm) are seen on the **outer part of the upper arms and fronts of the thighs**. The **outer part of the cheeks** are commonly affected and sometimes the rash is also found on the buttocks, chest, and back. In pale skin the bumps may appear red. They may look brown or black in more deeply pigmented skin types. Some people can be bothered by the appearance of their skin which can look like permanent “goosebumps". The skin **can feel rough and dry** and may sometimes feel itchy.

Occasionally KP can cause **scarring of hair follicles**. This is more common in rare forms of KP, namely atrophoderma vermiculatum and keratosis rubra pilaris facei atrophicans, the latter can cause loss of eyebrow hair.

What causes keratosis pilaris?

The exact cause of KP is **not fully understood**. Mild forms are best seen as a variation of normal skin. It is commonly found in more than one member of a family but the exact way that it is inherited can vary from family to family.

It is not infectious meaning that it cannot be passed on from one person to another.

What else may also contribute to keratosis pilaris?

KP may be easier to see in the winter months when the skin is more likely to be dry and when more clothes are worn, which may rub on the skin. It is more common in people with atopic eczema, ichthyosis vulgaris, diabetes, and in people with Down’s Syndrome.

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Things you can do to help yourself

There is no cure for KP. Most people do not need treatment. Some people find that using moisturising creams (also called emollients) can help soften the skin if used frequently, these can also be used instead of soap. Moisturisers can be bought without a prescription either from your pharmacist or online. **Emollients containing urea or salicylic acid** sometimes help to smooth the skin surface. These can also be bought, or prescribed by your GP. The use of gentle exfoliation with a scrub or sponge may help.

Make an appointment at your GP surgery

Most patient do **not need to see a healthcare professional.** If KP is really troubling you, various treatments can be prescribed but none of these are reliably effective.

Treatment options provided by a healthcare professional include topical steroid creams (anti-inflammatory creams). A moderately potent (middle strength) topical steroid cream may help some patients when the skin is very red but should only be used for a few days at a time and not for long-term regular use as they may cause skin thinning.

Topical retinoid creams are related to vitamin A. These may help reduce the roughness of the skin in some patients; they can irritate the skin if used too often.

Your mental health

If the appearance of your skin is affecting your mental health you should discuss this with a healthcare professional.

Referral to a specialist

Referral is not normally needed; KP usually improves over time and there are no other treatments available on the NHS. Occasionally, a referral may be needed if the diagnosis is not clear, which can be the case in some of the rarer forms of KP. Referral can be to either a dermatologist or a GPwER/GPwSI in Dermatology (a GP who has been trained in relevant areas of dermatology).

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What will happen when you are referred?

The appointment may be face-to-face (the person attends the clinics), or a video call (teledermatology). If the diagnosis is not clear a small sample of skin (a biopsy) may be taken under local anaesthetic to be examined under a microscope. Other treatments sometimes considered include laser therapy, but these are **not available on the NHS.**

Other resources

Further information on KP can be found in the ***A-Z list of Clinical Conditions*** from the homepage of www.pcds.org.uk.

Helping with other skin conditions

If you, a family member, or friend have an undiagnosed skin condition; or you want to learn more about how to treat skin conditions, please visit www.pcds.org.uk – if you click the purple tile near the top of the homepage that reads ***Take a Tour*** you can learn how best to use this website.

Donate to the Primary Care Dermatology Society

Up to 25% of patient visits to a GP surgery involve skin problems, but yet the vast majority of GPs and other Primary Care health professionals get very little training in skin conditions (Dermatology).

Skin diseases such as skin cancer and severe inflammatory skin conditions can be life threatening, and skin disease is the leading cause for psychological distress in patients, but yet compared with other specialties, dermatology gets much less financial support.

If you would like to help improve the well-being of patients with skin conditions then please consider donating to the PCDS, a charitable organisation, whose main aim is to increase the amount of education available to GPs, nurses, pharmacists, podiatrists, and others working in Primary Care through over 30 educational conferences a year and our website www.pcds.org.uk.

For more information please contact the PCDS as follows: Email: pcds@pcds.org.uk Telephone: 0333 939 0126