

Keratosis Pilaris

The name keratosis pilaris (KP) is derived from keratosis, meaning “too much keratin,” and pilaris, from the Latin pilus, meaning hair. The term is lyrical, but does not truly describe the condition. KP occurs around hair follicles, as firm plugs of excess skin cells. The cause of the condition is undoubtedly an inherited genetic defect in a molecule made by these skin cells. People with KP often seek a dermatologist’s help. But while this condition causes as much distress as acne vulgaris, dermatologists know much less about the cause of the condition, or prescribing effective therapy. People with KP often have dry, sensitive skin, but may have a lower risk of acne. KP gradually improves by adulthood, but some people have persistent KP that waxes and wanes. Famous people with KP include George Washington, Britain’s Prince Harry and his mother Princess Diana and Rob Lowe.

KP features tiny, firm bumps on a background of pink skin. The hair-bearing areas at the cheeks, upper outer arms and front of the thighs are most often involved. Sometimes the bumps are the most obvious problem. Other people are more bothered by the prominent skin redness. There are a few different types of KP. Uncommon forms have more widespread involvement, and may have pus-filled bumps or leave scar-like depressions. These uncommon types of KP have been given a variety of descriptive, bewildering names, such as ulerythema ophryogenes, KP atrophicans faciei and erythromelanosia follicularia faciei et colli, and often appear on people with other genetic problems.

Until the cause of KP is identified, treatment is aimed at relieving the 2 bothersome features-bumps & redness. Unfortunately, medications that smooth the bumps will often make the redness worse, and treatments that minimize the redness have no effect on the bumps. Lotions or creams that can help smooth the bumps include those that contain: glycolic acid (e.g. Glytone cream), lactic acid (Lac-Hydrin), salicylic acid (Salex) or urea (Carmol 10). There are no well-defined treatments to erase the redness. Options include pulsed-dye laser and low-strength doxycycline tablets.

No single lotion or cream has been shown to be the most effective. All work best if used twice a day, especially when applied immediately after bathing. If the medication is discontinued, the KP usually comes back.

Additional information can be found on the internet at www.keratosispilaris.org. Please be cautious, many KP web sites are actually commercial sites focused on promoting products.