Keratosis Pilaris

What Is Keratosis Pilaris?
Keratosis Pilaris (KP) is a skin condition that most commonly shows up on the skin as rough bumps around hair follicles on the back and outer side of the upper arms. KP is an extremely common skin condition that can be cosmetically troubling.

How Does KP Present?
A mother tells her pediatrician, “my 4 year old son has this rash on the backs of his arms that looks like a dry form of goose bumps. It never goes away completely and is skin color or light pink. I have had the same rash on the front of my thighs and backs of my arms my whole life. It doesn’t itch and doesn’t bother me.”

KP can present at any age on any area of the body where there are hair follicles present. The most common sites are on the backs of the arms, but it often involves the front of the thighs and occasionally on the face, particularly in children. The bumps of KP on the faces of children are often confused with acne.

Adolescence is when KP is typically most noticeable. The rash may lessen at certain times. In some children, KP is more widespread involving the body, arms, legs and face.

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 of developing KP are even higher.

What Causes KP?
The characteristic rash is caused by firm small plugs forming in the hair follicles. The plugs are made of keratin, the main protein found in the outermost protective layer of the skin (thus the name keratosis). These plugged follicles give the skin a raised, bumpy appearance – usually called goose bumps. The bumps are usually skin color or slightly pinker and usually do not itch. The rash is often not noticeable to others, except on close inspection.

People with a history of skin allergies are more susceptible to this condition. The papules tend to occur in association with allergic dermatitis and several types dry skin disorders.

Keratosis Pilaris tends to be more severe during the winter months or other times of low humidity when skin tends to dry out. Areas where the humidity is low tend to have a higher incidence of KP.

Treatment
Since the rash is often neither unattractive or bothersome, treatment is entirely optional. The simplest treatment is to keep the skin moist with the frequent use of moisturizers (such as Aquaphor), particularly after the skin has become wet.
Gentle exfoliation with a pumice sponge or a washcloth, can help loosen the plugs. Moisturizing creams with lactic acid (Lachydrin) and hydrocortisone cream 1% may be helpful.

Treatment usually takes 3-6 months for best results. If therapy is discontinued, the rash will tend to reoccur around the hair follicles.

Below, are some KP rashes on the cheek, body and upper arm.