

## *Keratosis Pilaris*



Chicken skin bumps – such a simple yet instantly identifiable description of the skin concern keratosis pilaris (commonly dubbed “KP”). Can’t you just visualize it?

These minute, rough bumps with their grater-like texture are most frequently scattered along the upper arms and thighs. However, the cheeks, back and buttocks can all become involved at one time or another. They’re annoying, unsightly, chronic and incredibly commonplace.

If you don’t have this condition, odds are that you know somebody who does. Whenever I talk about KP, inevitably the individual with whom I’m conversing pauses, gasps, then exclaims “I didn’t know *that’s* what that was! My child, husband, coworker...(fill in the blank as appropriate) has that!”

Because keratosis pilaris affects 50% of the entire world’s population, this reaction isn’t surprising. KP is somewhat more common in children and adolescents; 50 to 80% of children have KP. Adults needn’t feel neglected. KP affects 4 out of every 10 adults, too. Women are slightly more prone to developing KP. Most people with KP are unaware that not only is there a designated medical term for the condition, but that treatment exists.

Keratosis Pilaris is hereditary, inherited as an autosomal dominant gene. This is similar to the brown vs. blue eye color phenomenon. All it takes is a single gene from either parent to find oneself with less than perfectly smooth skin. But not everyone can point a finger at who’s to blame since only 30 to 50 percent of KP patients have a positive family history.

KP often accompanies atopic dermatitis and ichthyosis vulgaris so patients may also at times

find themselves dealing with eczema, dry scaly skin, asthma or hayfever. In general, KP is aesthetically displeasing but medically harmless. And while it may become more exaggerated at puberty, it frequently improves with age.

What takes place to cause the abrasive texture? The process of keratinization (the formation of epidermal skin) is faulty. Surplus skin cells build up around individual hair follicles. Sometimes a hair is unable to reach the surface and becomes trapped beneath the debris. During puberty, this is an ideal set-up for triggering follicular acne.

KP creates havoc with the skin's surface as a raised, rough, bumpy texture and uneven nutmeg-grater appearance forms. It is often quite noticeable. Inflammation within each hair follicle can cause embarrassing pinpoint red or brown polka dots to form beneath each miniature mound of keratin. Seasonal fluctuations can be seen with improvement more likely during the summer.

### **Controlling Your Outer Self**

Since keratosis pilaris is genetically predetermined, it may not be curable but should be controllable. There is no reason to passively take a wait and see approach. After all, there's no guarantee that you'll outgrow it. And while most with KP may not realize there really *is* something they can do about it, KP can really traumatize some sufferers.

Treatment is all about smoothing away the bumps. Therapy can eliminate the bumps, improve the texture, eliminate acne-causing plugs and improve the overall appearance. Chemical exfoliation needn't be fraught with irritation, redness or discomfort.

- Glycolic Acid

An array of alpha hydroxy acids (AHAs) are utilized in a dermatologist's quest to smooth out keratosis pilaris. Glycolic acid works as a chemical exfoliating agent. [M.D. Forte Hand & Body Cream](#) is a buffered 20% glycolic acid cream potent enough to help retexturize the skin.

- Lactic Acid

Lactic acid is also an AHA. Dermatologists often turn to OTC and Rx lactic acid products to palliate KP. These can vary from low potency [LactiCare Lotion](#) appropriate for young children, particularly if treating areas on the face or far more potent [AmLactin 12 % Moisturizing Cream](#) or [AmLactin AP Moisturizing Cream](#) for more stubborn, itchy flare-ups. Prescription LacHydrin 12% is quite similar to [AmLactin](#).

- Urea

Urea is one of those favorites of dermatology. It's role is to soften the crustiest skin. [Carmol](#) comes in 2 OTC strengths: [Carmol 10](#) and [Carmol 20](#). Both are excellent in the fight against KP. For intractable KP, prescription Carmol 30 or Carmol 40 are medications to consider.

- KP Duty

Too many times my patients had difficulty trying to figure out when to apply a variety of products or find effective items that were also well tolerated. And KP is most definitely one of those skin conditions that responds best to a multi-therapeutic approach. In my experience single ingredient products or routines don't do nearly as well as combination therapy. So I sat down and tried to combine the best active agents into a single cream targeted at keratosis pilaris.

[DERMAdoctor KP Duty Dermatologist Moisturizing Therapy For Dry Skin](#) combines high potency dermatologist strength glycolic acid and urea with green tea. The AHA and urea work as a combination invisible chemical exfoliant and humectant, eliminating bumps and softening the skin. Green tea contains ECGG to fight the inflammation that causes the formation of post inflammatory skin discoloration so commonly seen in KP. Apply it once or twice a day and watch KP rapidly smooth itself away.

- Vitamin A Treatments

Patients may turn to prescription vitamin A creams such as Retin A / Tazorac/Avita / Differin to help restore a smooth texture in recalcitrant cases or as a way to help treat KP complicated by acne. Potent retinols such as [Afirm](#) are nonprescription options. Overeager use won't help hasten silky skin. Instead it can leave the skin parched, peeling and painful. A tiny dab every other night is more than adequate for beginners.

- Therapeutic Dry Oil

Sometimes an additional barrier that protects yet has the ability to both smooth away the keratin and reduce inflammation helps promote more rapid improvement. [DERMAdoctor Handy Manum Anti-Itch Fissure Relief Serum](#) works to eliminate bumps by blending lactic, salicylic, malic and citric acid with propylene glycol. Hydrocortisone is a proven medication rapidly reducing inflammation and is bolstered by green tea and oat beta glucan. [DERMAdoctor Handy Manum Anti-Itch Fissure Relief Serum](#) leaves a protective barrier without leaving an unpleasant oily residue. A tiny dab goes a very long way. Try applying at bedtime to enhance your regimen.

- Immunomodulators

Since KP is often thought of as a manifestation of eczema, it stands to reason that new prescription medications such as Protopic and Elidel may play a role in treating keratosis pilaris. I tend to reserve this for more complex cases or for the patient who already has a tube at home, occasional use may be a helpful, off label option.

- Microdermabrasion

KP is a chronic condition. Committing one self to never ending weekly sessions of medical microdermabrasion rapidly add up financially. While effective at buffing skin to a healthy glow, reserve this for

special occasions and try less costly home microdermabrasion options such as [DermaNew Microdermabrasion Total Body Experience](#), [Neova Microdermabrasion Scrub](#) or even an exfoliating scrub like [Peter Thomas Roth AHA/BHA Face & Body Polish](#).

Treatment for keratosis is ongoing - if discontinued, skin begins reforming around hair follicles. So chronic maintenance is the best way to maintain silky smooth skin. Keratosis pilaris is needlessly unsightly and so easy to control. Get ready for sleeveless fashion now and look your absolute best!