KERATOSIS PILARIS

What is keratosis pilaris?

Keratosis pilaris is a rash that is usually found on the **outer areas of the upper arms, upper thighs, buttocks and cheeks**. The rash is made up of small bumps that are skin-coloured and/or red. The bumps give the skin a "goosebump" or sandpaper-like feeling.   Often, the bumps are **mistaken for a food allergy, rosacea, early acne or eczema**.

It can be a bit itchy but most of the time it is not. **Keratosis pilaris is caused by a plug of dead skin cells that forms around a hair follicle.** The condition usually gets worse in the winter and when the weather is dry. Children and teenagers who have keratosis pilaris often also have dry skin or eczema. The rash is often seen in multiple family members because it is often hereditary.

What can be done for it?

Keratosis pilaris is not life threatening but older children may be really bothered by how it looks. It is important to know that whatever you use, if it works, once you stop putting the creams on, the rash tends to come back. For young children, the best treatment would be to **leave the bumps alone** or to **moisturize frequently.**

Moisturizers can help with the dry skin and the bumps but will probably not clear the bumps completely. Some common moisturizers as Aveeno cream, Cetaphil cream, CeraVe cream, Lipikar Baume, Eucerin, Avène, Vaseline and Aquaphor cream.

In older children, mild "peeling" agents can be used to help open the plugged follicle and improve how the rash looks. The most commonly used **peeling agents** are urea preparations (e.g. Uremol, Eucerin with urea), lactic acid creams (e.g. AmLactin, LacHydrin), glycolic acid creams and salicylic acid (CeraVe SA). Not everyone will respond to therapy the same way and the bumps may not change very much. Use of a loofah sponge or "Buf-Puf" when bathing may sometimes be helpful. Some children have redness associated with the bumps, which may improve with a non-steroid ointment called "tacrolimus" (Protopic). Keratosis pilaris can sometimes get better in the teenaged years, but it is impossible to predict who will outgrow the condition.