

Information on Keratosis Pilaris -

Keratosis pilaris (KP, also follicular keratosis) is a very common genetic follicular condition that is manifested by the appearance of rough bumps on the skin and hence colloquially referred to as "chicken skin" as well as "meat bumps". It most often appears on the back and outer sides of the upper arms (though the lower arms can also be affected), and can also occur on the thighs and tops of legs, flanks, buttocks or any body part except glabrous skin (like the palms or soles of feet). Less commonly, lesions appear on the face and may be mistaken for acne.

The first and usually the best choice is to leave them alone. They may get larger, but they are not precancerous so leaving them there for the life of your skin is not a problem. Seborrheic keratoses are usually removed because they itch, they interfere with clothing or jewelry, or they are cosmetically unacceptable. That last option is a judgment call. The warty thing on an 80-year-old man's nose may not be as big of a deal as the one on a 40-year-old woman's nose.

keratoses can occur on any area of skin that receives lots of sun exposure -- like the face, ears, the scalp of bald men, and the backs of the hands and arms. The lesion may be skin-colored, reddish-brown, or yellowish-black. It may look like a raised bump or it may be flat. It may be scaly and dry or not. The skin-colored lesions may be noticed more by touch because they tend to feel like sandpaper.

Keratosis pilaris is genetic in origin but the precise cause has not yet been determined. It is thought to be a disorder of keratinisation in which the sticky cells that line the hair follicle form a horny plug instead of exfoliating. This widens the pores making them appear more obvious than elsewhere. Often a curled hair can be identified under the skin.

Keratosis pilaris is particularly common in teenagers on the upper arms. It may occur in babies where it tends to be most obvious on the cheeks. It may remain for years but generally gradually disappears usually before age 30. Keratosis pilaris is unsightly but completely harmless. It is usually worse during the winter months or other times of low humidity when skin dries out, and may worsen during pregnancy or after childbirth.

Moisturizing lotions are often soothing and may help the appearance of the skin. Skin creams with medications containing urea, lactic acid, glycolic acid, salicylic acid, tretinoin, or vitamin D may be recommended by your physician. However, improvement often takes months and the bumps are likely to come back.

Overall, KP is described as a condition of childhood and adolescence. Although it often becomes more exaggerated at puberty, it frequently improves with age. However, many adults have KP late into senescence. Approximately 30-50% of patients have a positive family history. Autosomal dominant inheritance with variable penetrance has been described. Seasonal variation is sometimes described, with improvement of symptoms in summer months.

Keratosis pilaris is a harmless skin disorder that causes small, acne-like bumps. Although it isn't serious, keratosis pilaris can be frustrating because it's difficult to treat. Keratosis pilaris results from a buildup of protein called keratin in the openings of hair follicles in the skin. This produces small, rough patches, usually on the arms and thighs. Though quite common with young children, keratosis pilaris can occur at any age.

About the Author

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