

SEBORRHEIC KERATOSES

The name seborrheic keratosis/es (SK's) is best remembered by most people as “scratch offs” or “benign scaly brown growths.” These genetically predetermined skin growths affect most people and usually start to appear in the 40's or 50's. They are not caused by anything in particular and they are not preventable. There are no proven medicines to prevent or remove SK's. People generally find them bothersome, not only for cosmetic reasons, but also because they can be itchy, irritating, inflamed and can become traumatized. Initially one may feel a persistent dry spot which gradually evolves into a dried-on looking tan surface growth. While these growths will occasionally fall off on their own, they usually continue to become larger and more numerous over time.

Until carefully evaluated by an experienced professional, one should be concerned about any unknown skin lesion. Identifying these lesions is usually straightforward but can also be tricky and malignant melanoma can be mistaken for an SK. Additionally, when numerous, SK's make it more difficult to spot a melanoma. SK's may be pigmented like moles, however SK's usually look and feel like a stuck on rough spot, unlike moles which usually have a fleshy consistency. I would always prefer to examine an unknown skin lesion and, if in doubt, perform a simple skin biopsy for definitive identification. Anyone with a number of SK's should undergo regular skin checks.

Treatment of SK's is optional, but is medically appropriate when they are itchy, irritated, inflamed or traumatized. Removal for biopsy is indicated whenever there is a question about the diagnosis. Questionable lesions are always biopsied and never destroyed. Various removal methods may be used such as liquid nitrogen freezing, curettage, or removal with a blade. The choice of method usually depends on the number, size, appearance, location and any prior treatment of the lesion. Available treatments are imperfect and may result in discoloration at the treatment site, varying degrees of scarring and also recurrences. Results are always better if the lesion is treated when it is smaller.

Written August 7, 2016

by Seth J. Cohen, M.D.

www.hendersonvilledermatology.com

828-697-1170