



Seborrhoeic Keratoses

What are seborrhoeic keratoses?

Seborrhoeic keratosis (Seb Ks) are also known as seborrhoeic warts. They are harmless growths on the skin, commonly found in the elderly and they are often pigmented.

What causes seborrhoeic keratoses?

They are benign warts due to the build up of ordinary skin cells. They are strongly age related and usually start to appear after the age of 40. Most old people have at least a few Seb Ks; some will have large numbers, they can run in families and this suggests a genetic basis for them.

They are not infectious and they do not become malignant

Signs and symptoms of seborrhoeic keratoses?

Seb Ks are harmless, but can be a nuisance. They can itch, become inflamed and catch on clothing. Many people dislike the look of them, particularly when they appear on the face.

Small flat Seb Ks can often be seen in middle age, they become more raised and larger as the years go by. Their size can vary from less than one centimetre to several centimetres across. Seb Ks have a rough surface and range in colour from light brown to almost black. They give the impression that they are "stuck on" the surface of the skin, they can also look like small pigmented skin tags.

They occur more often on the trunk but are also common on the head and neck. Their numbers vary; from one person to the next. Once present they usually stay and new ones appear over the years.

How are seborrhoeic keratosis diagnosed?

Seb Ks are more common than skin cancers such as melanomas and they are usually easy to recognise.

It is important that a doctor checks any doubtful pigmented lumps/spots to make sure the right diagnosis is made.

How can seborrhoeic keratosis be treated?

Seb Ks are so common that it would be impossible to treat them all routinely. Most need no treatment; people accept them as harmless accompaniment to getting older.

Application of creams will not clear Seb Ks, moisturiser swill help to decrease itching and reduce the rough texture.

GPs or Dermatologists can remove Seb ks if they are persistently troublesome. They can be removed by freezing them with liquid nitrogen (cryotherapy) or scraping them off (curettage) under a local anaesthetic.