

Seborrhoeic Keratosis

What are Seborrhoeic Keratoses?

These are brown raised warty non-cancerous growths of the surface layers of the skin called the epidermis. They vary in colour from light brown to dark brown and often have a roughened warty surface. Sometimes they look as though they have been “stuck on” the top of the skin.

The most common sites to develop Seborrhoeic keratoses are the face, scalp, chest and back. Some patients develop multiple skin lesions and have in excess of 50 lesions on their upper body.

Other names used to describe these growths include Seborrhoeic warts and basal cell papillomas. They often develop alongside small red vascular growths of the skin on the trunk called ‘Campbell de Morgan’ spots. These are typically 1-2 mm in size.

Why do they develop?

Seborrhoeic keratoses are usually inherited amongst different family members. They develop with advancing age and are more numerous in people who have had a lot of sun-exposure. About 20% of the population aged over 60 years will develop one or more Seborrhoeic keratoses in their lifetime.

What harm do they cause?

Seborrhoeic keratoses are harmless and do not develop into skin cancers. However, they can itch and become symptomatic following minor trauma.

They can also cause embarrassment if situated at prominent sites such as the face or neck. Multiple lesions may catch on clothing and itch. They may occasionally bleed. Any significant changes should be reviewed by your GP.

Do they need to be treated?

No, they do not require any treatment. Any itching or irritation can frequently be relieved by simple moisturisers such as E45 cream® or Vaseline Intensive Care lotion®. Rarely, you may need to see your GP for a combined topical steroid/moisturiser cream such as Calmurid HC cream®.

Under what circumstances will my GP consider treatment?

Seborrhoeic Keratoses are generally considered to be a cosmetic problem and the NHS will not generally fund treatment. In exceptional circumstances, treatment may be funded to exclude a skin cancer or to treat persistent skin lesions that bleed. Treatment may only be available privately and typically costs £250-£300.

What treatments are effective?

Topical creams are ineffective at removing Seborrhoeic Keratoses but may soften skin lesions. Successful treatments work by destroying the surface layers of the skin and include the following:

Cryotherapy (Freezing with Liquid Nitrogen):

Cryotherapy works by destroying the abnormal surface skin cells that make up the Seborrhoeic keratosis. The treatment is relatively painful and the treated lesion may be sore for 2-3 days before healing in 1021 days. Side-effects include blistering, crusting and occasionally a white scar.

Surgical Curettage & Cautery:

Thickened lesions can be treated by gentle skin scraping (curettage) and heating of bleeding skin vessels (cautery). A small local anaesthetic injection is normally required prior to the procedure. Wounds are like grazes and typically take 10-21 days to heal. It may take longer for the wound to heal on the lower leg.

Carbon Dioxide Laser Therapy:

A carbon dioxide laser can be used to burn away the surface layers of Seborrhoeic Keratosis. A local anaesthetic injection may be required and healing takes a similar time as curettage and cautery. The advantage of this treatment is that it is quite quick and can be used to treat multiple lesions. This is generally only available privately and costs £250-£400 depending on the number treated.