

Seborrhoeic Keratoses

Skin Oncology

Patient Information Leaflet

What are the aims of this leaflet?

This leaflet has been written to help you understand more about seborrhoeic keratoses. It tells you what they are, what causes them and what can be done about them.

What are seborrhoeic keratoses?

Seborrhoeic keratoses (SK) are also known as seborrhoeic warts, and as basal cell papillomas. They are benign growths due to a build-up of skin cells. SK are very common, harmless, often pigmented growths on the skin. In the UK, more than half the men and more than a third of women would have at least one SK. By the age of 40, 30 per cent of the population would be affected, while by the age of 70, it increases to 75 per cent. They are also found in younger people. Some people will only have a few seborrhoeic keratoses, while others will have large numbers. They are not infectious and do not become skin cancer.

What causes seborrhoeic keratoses?

Despite their name, SK are nothing to do with sebaceous glands or viral warts. We don't know what causes them. It has been suggested that exposure to sunlight and the human papilloma virus (HPV) are risk factors.

Are seborrhoeic keratoses hereditary?

Yes, some individuals may inherit the tendency to develop SK from their parents.

What are the symptoms of seborrhoeic keratoses?

SK are harmless, and usually do not cause symptoms. They can sometimes itch, become inflamed, and catch on clothing. Many people dislike the look of them, particularly when they occur on their face.

What do seborrhoeic keratoses look like?

SK have a rough surface, and range in colour from golden brown to mid brown to almost black. They can affect anyone, but on dark-skinned people, they can also appear as multiple small dark brown or black bumps, especially on the face and the neck. In such a case, this is called Dermatitis Papulosa Nigra.

Small and flat SK can often become more raised and larger as the years go by. Their size varies from less than one centimetre to several centimetres across. They give the impression that they are stuck onto the surface of the skin, however, some look like small pigmented skin tags.

SK occur most often on the upper body, but they are also common on the head and neck. Their numbers vary, and one person may have just one seborrhoeic keratosis whilst others can have hundreds. Once present, they usually stay, and new ones often appear over the years.

How are seborrhoeic keratoses diagnosed?

SK are much more common than skin cancers, however, a very dark seborrhoeic keratosis can look similar to a melanoma. It is therefore important that either a general practitioner (GP) or specialist checks any pigmented lesions to ensure that the correct diagnosis is made.

SK can cause worry by becoming inflamed or bleeding. If there is any doubt, a skin biopsy can be done to confirm the diagnosis.

Can seborrhoeic keratoses be cured?

Individual SK can be treated successfully in the ways listed below. However, new SK may continue to appear.

How can seborrhoeic keratoses be treated?

As SK are so common, it would be impossible to routinely treat every individual and every single keratosis. Most need no treatment as they are harmless and cause no symptoms, however, for those who wish to have some of their keratoses removed, it may be possible to have them treated by a general practitioner (GP) in primary care. SK are not routinely removed in hospitals. Treatment can occur by either freezing them with liquid nitrogen (cryotherapy), or scraping them off (curettage) under a local anaesthetic. Such treatments may not be funded by the local NHS service.

What can I do?

Always contact your doctor if you are worried about a pigmented spot that is changing in any way.

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

The skin cancer specialist nurses on 01384 456111 ext. 3088

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/oncology>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta brosură poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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