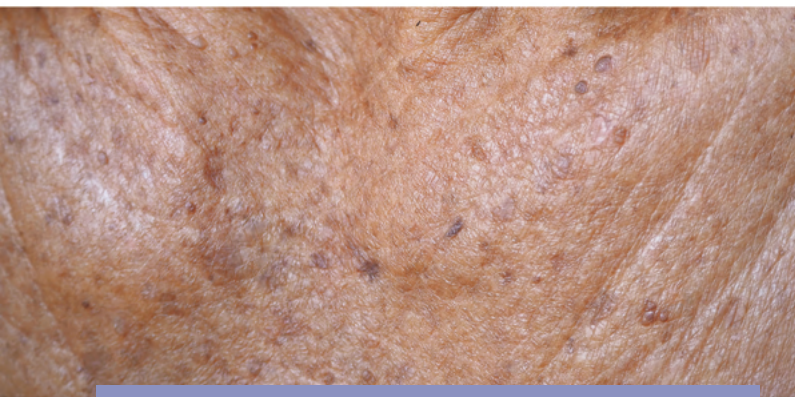


SEBORRHEIC KERATOSIS

Seborrheic Keratosis (SK) is a common, non-cancerous skin growth, often found in older adults. SKs usually present as small bumps that are light tan, brown or black in color with a rough or wavy surface. They are typically oval-shaped or round and often appear as described, pasted onto the skin.



- SKs are not contagious and do not spread, although sometimes they may seem to. They appear as multiple growths, though occasionally occur singly.
- The cause of these lesions is unknown and SKs become more prevalent with age, especially after age 50. SKs have also been known to appear during pregnancy or estrogen treatments. They often run in families and the risk increases with the number of affected relatives.
- Unlike some more acute skin lesions, SKs are not believed to be caused by exposure to the sun's ultraviolet rays. There is no known method of prevention. SKs do not have a higher likelihood to turn into skin cancer than other non-cancerous lesions. They are considered harmless and, in the majority of cases, are not a precursor to serious health issues.
- SKs are usually painless and do not require treatment. However, they can be removed for cosmetic reasons or if they become irritated.



Should I be concerned about SKs?

Even though the majority of SKs are harmless, you should examine any lesion regularly. If the growth becomes irritated, or starts to itch or bleed, you should consult your dermatologist. Also, if many appear during a short time, it can be indicative of a more severe condition.

SKs can often be confused with other skin conditions like warts, moles, or even melanomas. Actinic Keratoses (early stage of skin cancer), are flatter than SKs and are usually red in color. Squamous Cell Carcinomas appear as scaly red patches, open sores, warts, or as elevated growths with a central depression. These lesions may bleed or develop a crust on their surface.

Your dermatologist will often be able to diagnose seborrheic keratosis visually. If there is any uncertainty, a biopsy may be required to assist in the diagnosis. A dermatologist removes a thin layer of skin containing and surrounding the lesion, most often with the use of a local anesthetic. A dermatopathologist will then microscopically examine the sample and confirm if the tissue is an SK.

If you have any concerns about any growth, make an appointment with your dermatologist. Early detection and treatment can be vital in preventing the development of skin cancer.