Skin disorder: Keratosis pilaris

Keratosis pilaris (keh-ra-TOH-siss pill-AIR-iss), or KP, is a common condition that causes tiny, rough skin-colored or red bumps on the skin. It is most common on the upper arms but can also be found on the cheeks, thighs, buttocks, and occasionally on the torso. Keratosis pilaris usually starts in childhood or young adulthood and lasts into later life.

What causes keratosis pilaris?
Keratosis pilaris occurs when keratin (a hard protein that protects the skin) builds up and plugs hair follicles. It is genetic and runs in families. Your child is more likely to have keratosis pilaris if they have:

- Sensitive skin
- Allergies
- Asthma
- Another family member with KP

KP is not contagious and can’t spread from one place to another by touching it, even on your child’s own body. It is not caused by not cleaning the skin enough or other skin care habits.

How is keratosis pilaris treated?
Keratosis pilaris is harmless, so it doesn’t need to be treated. You and your child should not pick or squeeze the bumps. This can cause scarring.

If your child wants to minimize the bumps and smooth their skin, you can try:

- Drugstore moisturizers, including AmLactin® lotion, CeraVe® SA Cream, and Eucerin® Soothing or Professional Repair lotion.

These moisturizers have mild acids that dissolve the skin plugs. Stronger prescription lotions or creams (may be irritating or cause stinging)

- Gently scrubbing keratosis pilaris regularly (stop if this irritates the skin or causes itching)

Your child may notice more bumps or redness after starting treatment. This isn’t harmful, but it may last for months. It will go away with continued treatment. Unfortunately, all keratosis pilaris treatments are temporary. Your child must continue using creams or lotions to treat the KP, even after achieving a good result, or the bumps will come back.