Seborrhoeic keratoses

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What are seborrhoeic keratoses?

Seborrhoeic keratoses are very common, harmless, growths on the skin. They can be pink or light brown to almost black in colour. They have a number of different names including seborrhoeic warts and basal cell papillomas. They are made up of a build up of normal skin cells.

Importantly:
- They are harmless
- They are not cancerous
- They do not develop into cancers
- They are not infectious
- They are not transmitted from one person to another

What causes seborrhoeic keratoses?

Seborrhoeic keratoses appear as a common part of the skin aging process, and are best considered as localised areas of ‘wear and tear’.

They usually start to appear after the age of 40, and become more common with increasing age. They can occur in younger individuals too. The majority of older individuals have at least a few seborrhoeic keratoses, while some individuals are prone to developing large numbers of lesions.

Are seborrhoeic keratoses hereditary?

Yes, some individuals may inherit the tendency to develop many seborrhoeic keratoses from their parents.

What are the symptoms of seborrhoeic keratoses?

Seborrhoeic keratoses are harmless, and usually do not cause symptoms. They can however itch, become inflamed, and catch on clothing. Some individuals may dislike their appearance, particularly when they occur on the face.
What do seborrhoeic keratoses look like?

They begin as slightly raised, skin coloured or light brown spots. Gradually they thicken and take on a rough, warty surface. They can gradually grow outwards too. They slowly darken and may turn black.

In dark-skinned individuals they can appear as multiple small dark brown or black spots, especially over the face and the neck. (This is known as Dermatosis Papulosa Nigra.)

They can range in size from a few millimeters to several centimeters. Many lesions appear as though they are stuck onto the surface of the skin, like barnacles.

Seborrhoeic keratoses most often occur on the trunk, but they are also common on the head and neck. Their numbers vary, and one person may have just one seborrhoeic keratosis whilst another may have several hundreds. Once present, they usually stay, and new ones often appear over the years.

Seborrhoeic keratoses appear on both covered and uncovered parts of the body. The chest, back, face and neck are the most common sites. There may be one or many of them.

How are seborrhoeic keratoses diagnosed?

A seborrhoeic keratoses can usually be diagnosed from its appearance by a trained professional. A skin biopsy may sometimes be required if there is doubt over the diagnosis. This is a procedure in which a sample from the lesion (or sometimes the entire lesion) is removed to be looked at down the microscope.

How can seborrhoeic keratoses be treated?

Most seborrhoeic keratoses will not require treatment and can be safely left alone.

If lesions are causing symptoms then it may be possible to freeze them with liquid nitrogen or scrape them off under a local
anaesthetic (curettage). Neither procedure is routinely funded by NHS hospitals.

A further drawback is that these procedures may cause altered pigmentation or scarring of the treated skin; thus they are usually restricted to seborrhoeic keratoses that are persistently troublesome.

What should I look out for?

Seborrhoeic warts are harmless, but very occasionally they may resemble a type of skin cancer called melanoma. It is therefore important to see a doctor for assessment if a lesion you believe is a seborrhoeic keratosis does the following:

• Grows rapidly
• Becomes red and irritable, and doesn’t settle within a few weeks
• Bleeds or scabs
• Causes pain
• Looks different to the other ordinary looking warts you may have

The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk/health-talks.htm or call 0121 371 4323.