

“Why do I have goose-like flesh?”

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A 24-year-old female seeks medical advice for the poor cosmetic appearance of her skin. She is concerned about the rough texture and goose-flesh look of her outer arms and anterior thighs which, according to her, have been present since before puberty.

Her past medical history is negative. She has tried many moisturizers over the years, which have failed to improve her condition substantially. She wonders if a special cream is available for this condition.

What do you diagnose?

This is a case of keratosis pilaris. It is a very common benign disorder, arising from the excessive accumulation of keratin at the follicular ostium.

It affects approximately 50% to 80% of adolescents and 40% of adults, half of which have a positive family history of keratosis pilaris.

An autosomal dominant inheritance with variable penetrance has been described.

Every racial group is equally susceptible but females may be more frequently affected than males.

Keratosis pilaris is often described in association with ichthyosis vulgaris and atopic dermatitis.

Keratosis pilaris manifests as small folliculo-centric keratotic papules that most commonly involve the posterolateral aspect of the upper arms, the anterior thighs and the cheeks. A small coiled hair can often be found beneath the dis-



Figure 1. Keratosis pilaris.

crete papule. Lesions are usually asymptomatic, although some may complain of occasional pruritus. Inflammation may or may not be present.

Some improvement can be seen during the summer months, while worsening in winter is not infrequent. Keratosis pilaris tends to get better with age in many patients.

What is the differential diagnosis?

Differential diagnosis includes:

- folliculitis,
- atopic dermatitis,
- Darier disease,
- acne vulgaris,
- vitamin A deficiency,
- keratosis pilaris atrophicans,
- Kyrle disease,
- lichen spinulosus,
- lichen nitidus and
- pityriasis rubra pilaris.

What treatment would you recommend for this patient?

Treatment of keratosis pilaris is often disappointing. There is no universally effective therapeutic regimen.

General measures to reduce skin dryness, (*i.e.*, the use of mild soaps, home humidifier, tepid showers instead of hot baths, *etc.*) should be encouraged.

Other therapeutic options include:

- emollients,
- lactic acid,
- topical retinoids,
- salicylic acid,
- urea,
- alpha-hydroxy acid lotions and
- topical corticosteroids (transiently, if inflammation presents).

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