



## “Why are my arms rough and bumpy?”

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A 14-year-old female presents with a several-year history of rough, red papules on the extensor arms, as well as on the lateral thighs and less so on the buttocks. She has a history of mild childhood eczema and is on no medications.



### 1. What is the most likely diagnosis?

- Lichen spinulosus
- Lichen nitidus
- Keratosis pilaris
- Acne vulgaris
- Folliculitis

### 2. Which of the following areas are never affected?

- Arms
- Legs
- Buttocks
- Palms and soles
- Cheeks

### 3. Which of the following management options would improve this condition?

- Lactic acid or urea-based emollient creams
- Mild soaps and cleansers
- Topical tretinoin
- Mild topical steroids
- All of the above

Keratosis pilaris is a very common condition of rough follicular papules on the outer arms and anterior thighs, which is asymptomatic and of cosmetic concern. Treatment options can soften the skin and reduce erythema, but no cure exists. The condition is common in adolescence and young adulthood (half of the population


is affected to some degree) and improves on its own with age. There is a familial relationship with autosomal dominant inheritance. Cold winter weather can often make the condition worse.

Management begins with education and reassurance as to the benign nature of the condition and the improvement that can occur naturally over time. Patients should be encouraged to:

- not scrub the affected area,
- reduce the temperature of shower/bath water and
- use only mild soaps and cleansers.

Beneficial moisturizers and emollients (that can be compounded with mild topical steroids) are:

- lactic acid,
- salicylic acid and
- urea-based preparations.

Topical tretinoin can also be of benefit. 

“Case in Point” is a series of interesting cases and diagnoses so general practitioners can sharpen their skills. Submissions and feedback can be sent to [diagnosis@sta.ca](mailto:diagnosis@sta.ca).

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Answers: 1-c; 2-d; 3-e