CONDITION

Keratosis pilaris

Keratosis pilaris is a harmless skin condition that causes small, rough bumps around hair follicles.

WHAT IT IS
Harmless keratin plugs in hair follicles

BODY SYSTEM
Skin

MAIN SYMPTOMS
Small rough bumps, dryness, redness, mild itching

WHAT CAUSES IT
Keratin buildup with a strong inherited tendency

HOW IT IS DIAGNOSED
Skin examination, rarely a skin biopsy

MAIN TREATMENT
Moisturizers, gentle skin care, keratin-loosening creams

CAN IT BE CURED?
No - but often improves over time

IS IT AN EMERGENCY?
No - usually harmless and non-contagious

LONG-TERM OUTLOOK
May persist for years but often becomes less noticeable

Overview

Keratosis pilaris is a common, harmless skin condition. It causes groups of tiny, rough bumps, often on the upper arms, thighs, cheeks, or buttocks. The skin may feel like sandpaper or permanent goosebumps.

The bumps form when keratin, a protein found in the outer layer of skin, builds up and blocks the openings of hair follicles. A follicle is the small pocket in the skin from which a hair grows.

Keratosis pilaris is not an infection. It is not contagious, and it does not turn into skin cancer. It may still matter to you because it can itch, become irritated, or affect how you feel about your skin.

There is no permanent cure that removes the tendency to develop the bumps. Regular skin

care can often make them smoother and less noticeable. They commonly return when treatment stops.

Symptoms

Keratosis pilaris usually appears as many small bumps with a dry, rough texture. Each bump forms around a hair follicle and may have a tiny hair trapped beneath it.

Common features include:

The colour depends partly on your natural skin tone and whether the follicles are inflamed. On lighter skin, the area may look pink or red. On darker skin, the bumps may look brown, grey, or darker than the surrounding skin.

The upper arms and front of the thighs are typical locations. The cheeks, buttocks, and lower legs can also be affected. Keratosis pilaris does not usually appear on the palms or soles because those areas do not contain hair follicles.

Symptoms often become more noticeable when the skin is dry, especially during cold weather or after long, hot showers. Scrubbing, shaving, or friction from clothing may make redness and irritation worse.

Pus-filled spots, significant pain, open sores, or rapidly spreading redness are not typical. These may point to another skin problem or a complication.

- Skin-coloured, red, pink, brown, grey, or darker bumps
- Dry or rough skin that feels like sandpaper
- Mild redness or darkening around the bumps
- Occasional itching, tenderness, or irritation

Causes and risk factors

Keratosis pilaris develops when excess keratin collects around a hair follicle. The plug blocks the follicle opening and creates a raised bump. Mild inflammation may develop around some plugged follicles.

The exact reason for this buildup is not fully understood. Genes appear to play an important role, and the condition often affects several people in the same family. It may begin during childhood and become more noticeable during adolescence.

You may be more likely to have keratosis pilaris if you or a close relative has it. It is also more

common in people with dry skin or conditions that affect the skin barrier, including eczema and ichthyosis vulgaris. Ichthyosis vulgaris is an inherited condition that causes very dry, scaly skin.

Keratosis pilaris affects people of every skin tone. It is not caused by poor hygiene, and washing more often will not remove the underlying tendency. Food, dirt, and bacteria do not normally cause it.

Diagnosis

A healthcare professional can usually identify keratosis pilaris by looking at and feeling the skin. The location, rough texture, and pattern around hair follicles are often enough for a diagnosis.

Blood tests and allergy tests are not usually needed. A skin biopsy, in which a very small skin sample is examined under a microscope, is rarely necessary. It may be considered when the appearance is unusual or another condition needs to be ruled out.

Several conditions can resemble keratosis pilaris. Folliculitis, for example, is inflammation or infection of hair follicles and may cause painful or pus-filled spots. Acne more often includes blackheads, whiteheads, or deeper inflamed spots. Eczema usually causes itchier, inflamed patches rather than evenly spaced follicle bumps.

Seek an assessment if you are unsure what the bumps are, particularly if they are painful, blistering, crusted, or rapidly changing.

Treatment and management

Treatment is optional because keratosis pilaris is medically harmless. You may choose treatment if the area feels itchy or rough, becomes irritated, or bothers you cosmetically.

Gentle skin care is the foundation of treatment. Use warm rather than very hot water, keep showers or baths reasonably short, and choose a mild, fragrance-free cleanser. Pat the skin dry instead of rubbing it. Apply moisturizer while the skin is still slightly damp.

Thick creams or ointments usually hold moisture better than thin lotions. Some products also contain ingredients that loosen and remove built-up skin cells. These are called keratolytics.

Common keratolytic ingredients include:

These products may smooth the bumps gradually, but they can sting or irritate the skin. Start carefully according to the product instructions, especially if you have sensitive or inflamed skin. Avoid applying them to broken skin.

A clinician may sometimes recommend a topical retinoid. This is a vitamin A-related medicine that helps prevent follicle plugging. Retinoids can cause dryness and irritation and are not appropriate for everyone. Topical retinoids are generally avoided during pregnancy, so discuss pregnancy or pregnancy plans before using one.

If redness is a major concern, certain laser or light treatments may reduce it for some people. Laser hair removal may help selected cases, but results differ and several sessions may be needed. These treatments do not guarantee permanent clearance.

Avoid squeezing, picking, or forcefully scrubbing the bumps. Abrasive scrubs and rough brushes may increase inflammation, skin discolouration, and scarring. Gentle exfoliation with a soft cloth may be better tolerated, but it should not leave the skin sore.

Improvement usually takes consistent care over several weeks. The bumps often return if treatment is stopped because treatment controls the keratin buildup rather than removing the underlying tendency.

- Urea
- Lactic acid or ammonium lactate
- Salicylic acid
- Other alpha hydroxy acids, such as glycolic acid

Complications

Keratosis pilaris usually causes no physical complications. It does not damage internal organs or increase the risk of skin cancer.

Scratching or picking can break the skin. This may lead to bleeding, crusting, infection, or small scars. Inflamed bumps can also leave lighter or darker marks after they flatten. This is called post-inflammatory colour change and may be more noticeable or last longer in darker skin.

Strong exfoliating products can cause irritant dermatitis, meaning red, sore, or peeling skin caused by damage to the skin barrier. Using several acids or retinoid products together may increase this risk.

The appearance of the skin can affect confidence or cause frustration. This is a valid reason to discuss treatment options, even though the condition is harmless.

Prevention

Keratosis pilaris usually cannot be prevented because the tendency is often inherited. There is no known hygiene routine, diet, or supplement that reliably prevents it.

You may be able to reduce dryness and irritation by moisturizing regularly, avoiding very hot water, and limiting harsh soaps and vigorous scrubbing. A humidifier may help dry indoor air during colder months, although it will not remove the underlying condition.

If shaving irritates affected areas, use a lubricating shaving product, avoid repeated passes, and moisturize afterward. Reducing friction from tight or rough clothing may also help.

Living with it and what to expect

Keratosis pilaris often starts in childhood. It may become more obvious during adolescence and can continue for many years. For many people, it becomes less noticeable with age, but it can persist into adulthood.

Its appearance may change from month to month. Dry weather, low humidity, friction, and skin irritation can make the bumps more obvious. Warmer or more humid conditions may make the skin feel smoother. These changes do not mean the condition is becoming dangerous.

Treatment can improve texture and colour, but complete clearing is not always possible. Maintenance care is often needed to keep the skin smooth. If a product causes burning, marked redness, or peeling, stopping it and allowing the skin to recover is usually more helpful than increasing exfoliation.

Most people with keratosis pilaris live without health restrictions. You can exercise, swim, share towels, and have normal physical contact without passing it to anyone else. Sunscreen can help protect irritated skin and may reduce contrast between affected skin and surrounding areas.

When to get medical help

Arrange a routine appointment if:

Seek prompt medical care if an area becomes increasingly painful, hot, swollen, or rapidly red, or if it begins draining pus. Fever with these symptoms may suggest a skin infection rather than uncomplicated keratosis pilaris.

Keratosis pilaris itself is not an emergency. Call emergency services if a skin product causes trouble breathing, faintness, or swelling of the lips, tongue, face, or throat. These can be signs of a severe allergic reaction.

- You are not sure the bumps are keratosis pilaris
- Itching, irritation, or appearance is affecting daily life
- Gentle skin care has not helped enough
- You develop lasting light or dark marks
- You want advice before using medicated creams or procedures

Common questions

Is keratosis pilaris contagious?

No. It is caused by keratin plugging your own hair follicles, not by a virus, fungus, or bacterium. It cannot spread to another person through touch, towels, clothing, or close contact.

Does keratosis pilaris go away?

It often becomes less noticeable with age, especially after adolescence, but this is not guaranteed. Some people continue to have it throughout adulthood. Creams and gentle skin care can control it, but the bumps may return when treatment stops.

Can I pop or squeeze the bumps?

It is best not to. The bumps are plugs rather than pimples, so squeezing does not treat the cause. Picking can increase redness and lead to infection, scars, or lasting changes in skin colour.

Is keratosis pilaris the same as acne?

No. Both conditions involve hair follicles, but acne usually includes blackheads, whiteheads, inflamed spots, or deeper lumps. Keratosis pilaris causes many small, firm, rough bumps and usually does not contain pus.

What ingredients help smooth keratosis pilaris?

Moisturizers containing urea, lactic acid, salicylic acid, or glycolic acid may loosen built-up skin cells. No single ingredient works best for everyone. These products can irritate sensitive skin, so follow the label and avoid combining several strong exfoliants without professional advice.

Why does it look worse in winter?

Cold outdoor air and heated indoor air can reduce moisture in the skin. Dry skin makes the follicle plugs feel rougher and may increase redness or itching. Regular moisturizer and shorter, warm showers may help during dry months.

Sources

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