

Seborrheic Keratosis is a skin disorder usually characterized by discolored lesions that appear to be "stuck on" the skin surface. Warts may appear and skin is often oily or greasy. These skin lesions are sometimes mistaken for cancerous growths and tend to appear predominately during middle age. Itching, irritation, inflammations or unsightliness of lesions may require surgical removal of affected skin areas. Symptoms of Seborrheic Keratosis are limited to discolored skin lesions that appear to be "stuck on" the skin surface. These patches may appear suddenly, may vary in size, and tend to grow slowly. They may be round or oval-shaped, and vary in color from tan, yellowish-brown to black. They may be widespread over the trunk, back, and/or shoulders. Some may be large enough to be called "giants" while others may be limited to small areas of the temples or cheeks. The skin lesions may also be waxy, scaling or crusted. They tend to become darker and larger with age. The exact cause of Seborrheic Keratosis is not known although researchers believe some forms may be inherited as a dominant trait. Human traits including the classic genetic diseases, are the product of the interaction of two genes for that condition, one received from the father and one from the mother. In dominant disorders, a single copy of the disease gene (received from either the mother or father) will be expressed "dominating" the normal gene and resulting in appearance of the disease. The risk of transmitting the disorder from affected parent to offspring is 50% for each pregnancy regardless of the sex of the resulting child.) Seborrheic Keratosis predominately affects middle aged individuals, although in very rare cases, it can be present at birth. Since Seborrheic Keratosis is not a form of skin cancer, treatment is not essential and removal of lesions is usually performed only to enhance comfort and/or cosmetic appearance. Treatment of Seborrheic Keratosis consists of removal of the skin lesions by scraping (curettage), sealing off blood vessels or destruction of lesions (electrodesiccation) with local anesthetic, shave excision, or freezing with CO₂ snow or liquid nitrogen. Trichloroacetic acid may be used to eliminate lesions. Dermabrasion removal may also be performed. In most cases, scarring is not associated with removal of these skin lesions.