

SEBORRHEIC KERATOSIS

Seborrheic keratoses (SKs) are common, non-cancerous lesions that grow on the epidermis (outer layer of the skin) and can develop on any part of the body. SKs usually begin as rough, itchy bumps and can thicken and darken to a brown or black color over time. They are usually round- or oval-shaped growths with an elevated, rough surface and sometimes seem to be glued to the skin or dropped on like candle wax. Though they may appear to spread, SKs are not contagious. There is no known cause of SKs to date, but the lesions become more common with age. They are not believed to be caused by the sun's ultraviolet rays and do not have a higher chance of turning into skin cancer, including melanoma. SKs are not a sign of serious health issues except in very rare instances, when they can develop suddenly in very large numbers and can be associated with internal malignancies. Although harmless, SKs should be observed regularly, like the rest of your skin, for any changes in size, shape or color. Any growth that bleeds, itches or becomes irritated should be checked by a dermatologist.

SK Can Resemble Other Skin Disorders

Warts

Warts are caused by a virus. They are usually not as dark and do not appear to have been pasted on as SKs do.

Actinic Keratoses (AKs)

AKs represent a very early stage of skin cancer and develop on sun-exposed parts of the body. AKs are usually flatter, redder and rougher than SKs.

Moles

Moles (also known as nevi) can be similar in color but are more commonly developed during childhood. Most people develop 20-30 moles during their lifetime.

Melanomas

Melanomas can sometimes be confused with SKs because they can both be dark in color and have irregular shapes.

Treatment Options

Seborrheic keratoses cannot be prevented or cured by medications or creams. Dermatologists often diagnose and treat SKs based on clinical appearance, but sometimes a skin biopsy is needed. After a dermatopathologist assesses your skin tissue under a microscope and determines the lesion is an SK, your dermatologist will discuss several treatment options with you. Your treatment may vary based on the location and size of the lesions, taking your age and general health into consideration. Common treatment options include shave removal (cutting off the lesion with a small, flat blade under local anesthesia), cryosurgery (freezing the lesion with liquid nitrogen), curettage (scraping the lesion from the skin) and/or electrosurgery (burning the lesion off with electric current). Since SKs are superficial lesions, their removal causes minimal scarring. Your dermatologist will help you decide which option is best for you.

**DON'T BECOME
A STATISTIC**

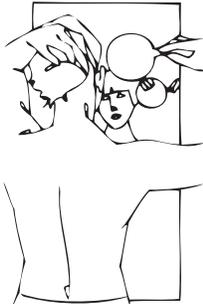
- SKs do not usually go away on their own; if not removed they will last a lifetime
- SKs may develop during pregnancy or during estrogen treatments
- SKs are the most common benign skin growths in older individuals

Source: 2010 American Cancer Society

What To Look For And How

Spotting changes in current moles and/or developing lesions early on can help prevent the development and spread of skin cancer. It is important to know what to look for and how to look for it when dealing with early skin cancer detection.

Every month, inspect your entire body for any skin changes and routinely visit your dermatologist for a complete skin examination. Early detection of melanoma can be lifesaving because this cancer may be curable in its early stages. Any irregularity in an existing or newly developed pigmented skin lesion could be a sign of melanoma and should be examined immediately by your dermatologist. These irregularities may include asymmetry, an uneven border, color variations, diameter of more than 6mm or evolving changes of the lesion – all of these irregularities are covered in the ABCDEs of melanoma. If you notice any of the following irregularities in current skin lesions, see a dermatologist immediately.

				
STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
Examine your body front and back in the mirror, then right and left sides, arms raised.	Bend elbows and look carefully at forearms and upper arms and palms.	Look at the backs of legs and feet, spaces between toes and soles.	Examine back of neck and scalp with a hand mirror. Part hair for a closer look at scalp.	Finally, check back and buttocks with a hand mirror.

Images and content provided by the American Academy of Dermatology



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To learn more about the services Dermpath Diagnostics provides and to obtain more information on common skin disorders, please visit us at

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