I read with interest Drs Kumar, Noronha, and Leung’s recent “What’s Your Diagnosis?” case highlighting the common skin problem, keratosis pilaris. In my suburban pediatric practice, patients frequently ask me how to eradicate this benign but annoying condition. I have had the greatest success with the following 2-step regimen:

- Step 1: exfoliation (which can be achieved with a loofah, spa glove, or rough washcloth used in the bath or shower).
- Step 2: moisturization (for this, I have found that lactic acid-based emollients have—at least anecdotally—shown only marginally greater benefit than unscented, dye-free over-the-counter creams).

I also try to temper my patients' expectations. I tell them that while exfoliating and moisturizing several times a week will certainly make their skin feel smoother and make its "dotty" appearance less obvious, the condition may still remain visible to them.

Although we personally do not have experience with a rough washcloth, there is some support for the method of treating keratosis pilaris that Dr Wilbur suggests. The key to therapy is to use a keratolytic agent. A loofah—or a rough washcloth—helps with exfoliation and thus has an effect similar to that achieved with a keratolytic agent. Topical agents, such as urea, lactic acid, corticosteroids, and retinoids, have been used in patients with keratosis pilaris with varying success. In a case series of 27 patients, Marqueling and colleagues\(^1\) showed that over time, use of these agents resulted in no substantial improvement. However, Gerbig\(^2\) used tazarotene in 20 patients for 4 to 8 weeks and had a good response. We have found that the lactic acid-based moisturizer that Dr Wilbur mentions does help soften the skin.

References: REFERENCES:

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