

# Seborrheic Keratosis

## Seborrheic Keratosis (SK): “Stuck-On” Benign Skin Growths

Seborrheic keratoses are very common, non-cancerous skin growths that can look like a waxy or warty “spot” that seems **stuck onto the skin**. They often appear as we age and may show up one at a time or in clusters. Most SKs do **not** require treatment unless they bother you, become irritated, or look unusual.



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### What Seborrheic Keratoses Look Like

SKs can vary a lot. Typical features include:

- **Waxy, rough, or warty** surface
- “**Stuck-on**” appearance
- Color can range from **tan to dark brown/black** (sometimes multiple shades)
- Shape can be round/oval with **well-defined borders**
- Common areas: **trunk, back, chest, face, scalp**

**Important:** Some skin cancers can mimic an SK. Any spot that is **new, changing, bleeding, painful, or rapidly growing** should be evaluated.

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## How We Diagnose It

Diagnosis is usually made by:

- **Visual exam** (sometimes with a dermatoscope—special magnifier/light)
  - **Biopsy** if the lesion looks atypical or if there's any concern for skin cancer
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## Treatment Options (If Removal Is Desired)

SKs are harmless, but removal may be recommended if the growth:

- Gets caught on clothing or jewelry
- Becomes **itchy, inflamed, or bleeds** from irritation
- Is cosmetically bothersome
- **Looks like** a skin cancer and needs confirmation

Common in-office removal options include:

1. **Cryotherapy (liquid nitrogen)** – best for thinner lesions
2. **Curettage ± electrocautery** – gently scraping off the growth; may use heat to control bleeding
3. **Shave removal / shave biopsy** – shaving off the raised lesion; can also send to lab
4. **Laser removal** (in select cases)
5. **Focal chemical peel (TCA)** for certain lesions

**Possible side effects:** temporary redness, scabbing, lighter/darker color changes, and (less commonly) scarring. Pigment change risk can be higher in darker skin tones.

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## Pre-Op Instructions (Before Removal)

**1–2 weeks before (when possible):**

- Tell us if you:
  - Take **blood thinners** (warfarin, Eliquis, Xarelto, Plavix, aspirin)
  - Have a **pacemaker/defibrillator** (if electrocautery may be used)
  - Have a history of **keloid scarring** or poor wound healing
  - Are prone to **cold sores** (if treating near lips)
- Avoid tanning/sunburn on the treatment area.

**24 hours before:**

- If possible, avoid alcohol (can increase bruising).
- Plan for easy clothing that won't rub the treated spot.

### Day of procedure:

- Eat normally (unless your clinician tells you otherwise).
  - Arrive with clean skin; avoid heavy makeup/lotions over the spot.
  - If treating near the eyes/face, consider bringing sunglasses/hat for comfort afterward.
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## Post-Op Instructions (After Removal)

Aftercare depends on the method used.

### After Cryotherapy (Freezing)

What's normal:

- Redness and swelling for 1–3 days
- A **blister** may form (clear or blood-filled)
- The area may crust/scab and peel off over **7–14 days** (sometimes longer on legs)

Care:

- Wash gently with soap and water once daily.
- Apply a thin layer of **petrolatum (Vaseline/Aquaphor)** 1–2x/day until healed.
- Keep it protected with a bandage if it rubs on clothing.
- Don't pick or peel the scab.

### After Shave Removal or Curettage ± Cautery

What's normal:

- Mild oozing for the first day, then scabbing
- Tenderness for a few days
- Healing typically **1–3 weeks** depending on size/location

Care:

- Keep the area covered for the first 24 hours (or as instructed).
- Then: clean gently daily, apply petrolatum, cover with a bandage.
- Avoid pools/hot tubs until the skin has sealed (usually several days).

### Pain Control

- Most patients do well with **acetaminophen (Tylenol)** as needed.
- Avoid ibuprofen/NSAIDs only if your clinician recommends (varies by case).

### Sun Protection (Very Important)

Once the skin is healed enough (no open wound):

- Use **SPF 30+** daily and limit sun exposure to reduce dark marks and help the area blend.
  - Color changes can take weeks to months to fade.
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## Call Us Urgently If You Notice:

- Bleeding that won't stop after 15 minutes of firm pressure
  - Spreading redness, warmth, worsening pain, pus, fever
  - A rapidly enlarging blister with severe pain
  - The area is not improving as expected
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## FAQs

### Are seborrheic keratoses dangerous?

No—SKs are benign and do not need treatment unless symptomatic or concerning in appearance.

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### Can an SK turn into skin cancer?

SKs are benign, but **skin cancer can look similar**. If a spot is changing or unusual, we may recommend a biopsy.

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### Why did mine suddenly get itchy or inflamed?

SKs can become irritated from friction (clothing, jewelry, shaving). Irritated SKs can look red and crusty and may mimic other conditions—so it's worth having it checked.

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### Do SKs go away on their own?

Most persist, though some may regress over time.

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### Will removal leave a scar?

Many heal with minimal marks, but scarring or **lighter/darker discoloration** can happen—risk depends on your skin type, location, and method used.

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**Can they come back after removal?**

A treated spot is often gone, but **new SKs can appear elsewhere** over time. Some sources note regrowth can occur.

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**Is cryotherapy always effective?**

Freezing works well for many SKs, but very thick lesions may need another method (like shave removal or curettage).

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**Can I remove it at home?**

It's not recommended. Self-treatment risks infection, scarring, and—most importantly—missing a skin cancer diagnosis.