

Department of Dermatology

Keratoacanthomas

Information for patients



You have been given a diagnosis of keratoacanthoma. This leaflet has been written to give you more information about this condition and the different ways it can be treated.

What are keratoacanthomas (also known as KAs)?

Keratoacanthomas are relatively common skin growths. They are not cancerous but at first they look and behave like a form of skin cancer. They grow quickly over a few weeks, appearing at first as a small reddish bump which then becomes a bigger nodule, often with a central horn or plug. If left alone KAs usually go away by themselves – although this can take weeks or months to do so.

They can appear anywhere on the body, but are most common in sun-exposed areas, such as the face, neck, and the back of the hands and arms. They are more likely to develop as you get older.

What causes keratoacanthomas?

The exact cause of KAs is not known. It is thought that sun exposure, contact with tar, smoking, some wart viral infections, injury to the skin and a suppressed immune system can lead to an increased risk of developing KAs.

Are keratoacanthomas hereditary (passed from parent to child)?

The majority are not hereditary, although they may be present as a feature of some rare inherited conditions.

How is keratoacanthoma diagnosed?

The doctor will have diagnosed your keratoacanthoma by asking you some questions and looking at its appearance. However, because it can look very similar to a skin cancer called a squamous cell carcinoma, the most common diagnosis (and treatment) is to remove it surgically and send a tissue sample to the laboratory to be tested.

Can a keratoacanthoma be treated?

Yes, the most common treatment is removing the keratoacanthoma with a small operation. This is carried out under local anaesthetic, which makes the area go numb. This is usually be done when it is removed for diagnosis.

Sometimes a keratoacanthoma can be treated with other methods, such as freezing with liquid nitrogen or radiotherapy. If you are offered either of these treatments, the Dermatology Team will give you more information.

Will any follow up be necessary?

If the diagnosis of keratoacanthoma is confirmed by the laboratory test, then no follow-up is necessary.

If there is any doubt about the diagnosis, or if there are concerns that the tissue sample is a squamous cell cancer, we will contact you to come for a follow-up appointment as both a KA and squamous cell cancer can look similar even under the microscope.

You can get more information about keratoacanthomas from the following websites:

www.dermnetnz.org/lesions/keratoacanthoma.html

www.emedicine.com/DERM/topic206.htm

www.bad.org.uk/shared/get-file.ashx?id=96&itemtype=document

Who to contact

If you have any questions about your diagnosis or treatment, please contact your GP.

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALS@ouh.nhs.uk**

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