Aesthetic Dermatology

Barnacles that come with wisdom

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One of the most common reasons for visits to the dermatologist is a brown or flesh-colored lesion on the face or body that is concerning to the patient either because it's changing; it's scabbing or bleeding; it feels rough on the surface, and they can't stand touching it – or because the patient just thinks they're plain unsightly. After assessment and ruling out of a malignant skin cancer or precancerous lesion clinically, the good news is that, in most cases, these turn out to be seborrheic keratoses (SK), benign growths. Patients are often reassured and relieved when we tell them we nickname SKs "barnacles that come with wisdom." But then they often ask, "can I get rid of them?"

The answer is yes. There are many ways to rid people of these pesky lesions, but the reality is that, even with coding and documentation of an irritated SK, they are rarely covered by insurance. This leaves patients with the choice of whether to pay out of pocket for a cosmetic procedure and puts the dermatologist in a position of either charging the patient for a cosmetic procedure or treating to make the patient happy and not getting compensated for their services. For the cosmetic dermatologist, discussing cosmetic procedures with patients is an easy transition, but for the dermatologist who does not regularly practice cosmetic or fee-for-service dermatology – the majority of dermatologists in the United States – this can put them in an awkward position. According to a 2013 workforce survey, 20% of the dermatology market is cosmetic, while 80% is medical, surgical, and dermatopathology.[1]

We all know what SKs are. But what exactly ARE SKs? Studies in recent years have shown both genetic and viral etiologies for some SKs, but not all. FGFR3 and PIK3CA gene mutations have been found with the highest frequency in SKs, particularly familial SKs. More recently, activating mutations of EGFR, HRAS, and KRAS have also been found to contribute to the pathogenesis of SK, although at a lower frequency than the former.[2]

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Given the clinically verrucous nature of SKs, a viral etiology, particularly human papilloma virus (HPV), has often been sought. HPV subtypes have been seen in genital "SKs" and HPV-23 has been associated with stucco keratoses, which often resemble the SK family and are found on the legs of aging patients. However, multiple reports have refuted the presence of HPV in nongenital SK lesions.[3]

Until a potential gene therapy is available, current treatment options for patients who want to have their SKs treated include cryotherapy, electrodesiccation, curettage, or laser therapy with a KTP (potassium titanyl phosphate) laser or an ablative laser, such as a CO_2 laser. Cryotherapy, curettage, and electrodesiccation, while effective, run a risk of dyspigmentation, especially hypopigmentation in Fitzpatrick skin types III-VI. KTP and ablative lasers can be effective, but are often less cost-effective methods to achieve similar results as cryotherapy or electrodesiccation. Clinical trial data have been published on a topical hydrogen peroxide–based solution, A-101, which is not currently approved by the Food and Drug Administration. In a recently published study, 68% of patients were clear or near clear of SKs on the face with the 40% A-101 solution after up to two treatments.[4]

SKs are a part of a cosmetic dermatology practice that arises on a daily basis and are often a concern for patients. Discussion of their management, coverage, and treatment options will resonate with every practicing dermatologist.

References

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