



[Authoritative facts](#) about the skin from the [New Zealand Dermatological Society Incorporated](#).

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Seborrhoeic keratoses

Seborrhoeic or seborrheic keratoses are very common harmless skin lesions that appear during adult life. Seborrhoeic keratoses may also be called basal cell papillomas, senile warts or brown warts.

Seborrhoeic keratoses are harmless and rarely or never become malignant.

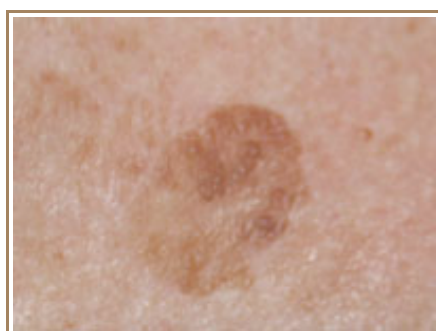
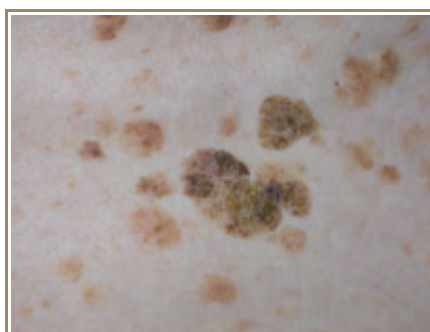
What do they look like?

They begin as slightly raised, skin coloured or light brown spots. Gradually they thicken and take on a rough, warty surface. They slowly darken and may turn black. These colour changes are harmless but may result in the lesion looking like a [melanoma](#) (a type of skin cancer).

They appear to stick on to the skin like barnacles.

Seborrhoeic keratoses appear on both covered and uncovered parts of the body. There may be one or many of them.

Seborrhoeic keratoses



What causes seborrhoeic keratoses?

The cause of seborrhoeic keratoses is not known. The name is misleading, because they are not limited to a seborrhoeic distribution (scalp, mid-face, chest, upper back) as in [seborrhoeic dermatitis](#), nor are they formed from sebaceous glands as is the case with [sebaceous hyperplasia](#).

Seborrhoeic keratoses are considered degenerative in nature, appearing as part of the [skin aging](#) process. As

time goes by, seborrhoeic keratoses become more numerous. Some people inherit a tendency to develop a very large number of them.

They are not generally caused by exposure to the sun, although they can follow [sunburn](#) or other irritating skin conditions including [dermatitis](#).

[Skin cancers](#) are sometimes difficult to tell apart from seborrhoeic keratoses, so if you are concerned or unsure about any skin lesion consult your doctor.

Very rarely, eruptive seborrhoeic keratoses may denote an underlying internal malignancy. The syndrome is known as the [sign of Leser–Trelat](#).

Other types of seborrhoeic keratosis

Variants of seborrhoeic keratoses include:

- Some solar [lentiginos](#): flat brown marks in sun exposed areas
- Stucco keratoses: numerous small dry grey stuck-on lesions usually found on lower legs and feet
- Dermatitis papulosa nigra: numerous brown warty papules on face, neck and chest of dark-skinned individuals
- Irritated seborrhoeic keratosis: inflamed lesion, often red and crusted; may resemble a skin cancer
- [Lichenoid keratosis](#): resolving keratosis or lentigo, often pink or grey-coloured

Benign keratoses



Stucco keratoses



Dermatitis papulosa nigra



Irritated seborrhoeic keratosis

Treatment

Seborrhoeic keratoses can easily be removed. The usual reason for removing a seborrhoeic keratosis is your wish to get rid of it. For example it may be unsightly, itch or rub against your clothes. Occasionally your doctor may recommend its removal because of uncertainty of the correct diagnosis.

Methods used to remove seborrhoeic keratoses include:

- [Cryotherapy](#) (liquid nitrogen) for thinner lesions
- [Curettage & cautery](#)
- [Laser surgery](#)
- [Shave biopsy](#) (shaving off with a scalpel)

Related information

On DermNet NZ:

- [Ageing skin](#)
- [Brown marks and freckles](#)

Other websites:

- [Stucco keratosis](#) – emedicine dermatology, the online textbook
- [Seborrheic keratosis](#) – emedicine dermatology, the online textbook

Books about skin diseases:

See the [DermNet NZ bookstore](#)

DermNet does not provide an on-line consultation service.
If you have any concerns with your skin or its treatment, see a [dermatologist](#) for advice.

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