

SK / BASAL CELL PAPILLOMA / SENILE WART /  
BROWN WART / WISDOM WART / BARNACLE

# Seborrhoeic keratosis

## CATEGORY:

## Lesions (benign)

### LOOKS LIKE:

Warty, 'stuck-on' spots that may be coloured and 1 mm to several cm in diameter

### LOCATION:

Found all over the skin except palms and soles

### FEELS LIKE:

Smooth, waxy, warty, flat, or slightly raised

### OUTLOOK:

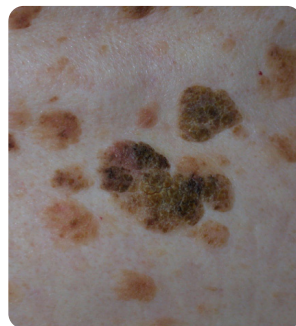
Harmless



## WHAT IT LOOKS LIKE —



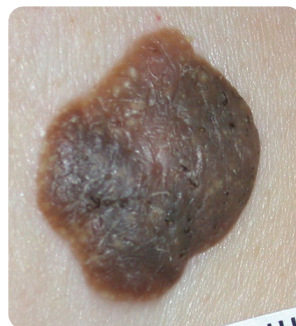
Multiple seborrhoeic keratoses on the back



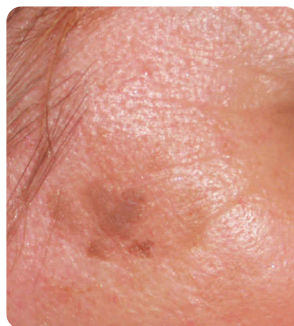
Close-up of seborrhoeic keratoses



A seborrhoeic keratosis on the scalp



Close-up of a seborrhoeic keratosis – it has a 'stuck-on' appearance



A flat seborrhoeic keratosis on the cheek



A giant seborrhoeic keratosis on the scalp

## What is it?

Seborrhoeic keratoses (singular seborrhoeic keratosis) are harmless warty spots that appear during adult life and are common as we grow older. Almost everyone at age 70 has at least one, and some people have hundreds.

Seborrhoeic keratoses are not contagious and are not cancerous.

# Seborrhoeic keratosis

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## CAUSES —

The exact cause of seborrhoeic keratoses is unknown. Exposure to sunlight may play a role, as well as genetic factors, as they sometimes run in families.

They're also known as basal cell papillomas, wisdom warts, brown warts, and senile warts. Even though they're called 'seborrhoeic' keratoses and sometimes referred to as warts, they're not actually related to sebaceous (oil) glands or viral warts.

## SYMPTOMS —

Seborrhoeic keratoses can have a **variable appearance** and may be:

- Flat or raised, and appear '**stuck-on**' to the skin
- Smooth, waxy, or warty
- Yellow, grey, brown, black, or mixed in colour
- 1 mm to several cm in diameter, and usually slow-growing
- Just one or multiple.

They can arise on any area of skin except the palms of the hands, soles of the feet, or the mucous membranes (eg, inside your mouth).

LESIONS (BENIGN)

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## COMPLICATIONS —

Seborrhoeic keratoses may catch on clothing and can become **irritated**, itchy, red, or crusty.

Sometimes eczema-like changes (dermatitis) may develop around them or they may come up in a place where you already have dermatitis.

## DIAGNOSIS —

All new, changing, or unusual skin spots should be **checked by your doctor**. They can often identify a seborrhoeic keratosis based on what it looks like, especially with the help of a handheld magnifying tool (dermatoscope).

As seborrhoeic keratoses can sometimes resemble skin cancers, diagnosis may be confirmed with a **biopsy** (sample) if there is any doubt. This involves removing and sending part or all of the spot to the laboratory for testing.

## TREATMENT —

Treatment is not needed in most cases, as seborrhoeic keratoses are **harmless**. However, they can be removed if they are itchy, if they catch on clothing or jewellery, or for cosmetic purposes.

Discuss with your doctor — removal options may include:

- **Freezing** them with liquid nitrogen (cryotherapy), especially for thinner keratoses

- **Scraping (curettage)** or shaving them off under local anaesthetic
- **Laser surgery**
- **Topical products** (eg, chemical peels) applied directly onto the keratosis.

After removal, the skin can sometimes be lighter in colour, especially in those with darker skin. This colour change is called hypopigmentation and can be temporary or permanent.

Removal may also leave a scar.

## OUTCOME —

After treatment, seborrhoeic keratoses can **recur** (grow back), and new seborrhoeic keratoses may still develop elsewhere on the skin. Unfortunately, there is no known way to prevent this.

Regular **skin checks** with your doctor are recommended to review and monitor both new and existing skin growths.



<https://dermnetnz.org/topics/seborrhoeic-keratosis>

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