Systemic retinoids for recurrent keratoacanthomas

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A 64-year-old female presented with a 14 year history of recurrent keratoacanthomas occurring on sun-exposed sites. There was no family history of skin disease.

One particularly problematic lesion on the dorsal aspect of the right hand was excised and recurred five times. Given these multiple, failed excisions, acitretin (35 mg o.d.) was instigated. The size and infiltration of the keratoacanthomas improved greatly within 8 weeks and all lesions clinically resolved and no new lesions appeared after 6 months.

Retinoids are vitamin A derivatives, whose use is well established for hyperkeratotic disorders such as psoriasis and acne. Examples include isotretinoin, acitretin and etretinate. They purportedly interfere with expression of epidermal growth factor receptor genes.¹

Systemic retinoids can be of benefit in reducing the frequency of keratinising tumours, including keratoacanthomas, actinic keratoses and squamous cell carcinoma¹ ² and their use should be recalled as prophylaxis in patients with recurrent such tumours, notably organ transplant recipients.

Common side-effects include teratogenicity, dryness of skin and mucosa and hepatic and cholesterol dysfunction.

Figure 1. Representative keratoacanthoma on right dorsal hand
Figure 2. Following 8 weeks acitretin (35 mg o.d.), size and induration of keratoacanthomas had much improved

![Image of Keratoacanthoma Improvement](image1)

Figure 3. Following 6 months acitretin, keratoacanthomas had clinically resolved

![Image of Keratoacanthoma Resolution](image2)

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References:
