

# Actinic (Solar) Keratosis

## Referral criteria

- Only refer if concerns about SCC or malignant change > 2 week wait pathway

## General points

- Actinic keratoses are usually multiple, flat reddish brown lesions with a dry adherent scale
- The vast majority of actinic keratoses do not progress to squamous cell carcinoma. Evidence suggests that for a patient with 7 to 8 lesions the risk of transformation to SCC over 10 years is about 10%
- The majority of patients can be managed in primary care

## Clinical features

- Usually multiple
- < 1 cm diameter
- Reddened, with scaly surface
- Occur in sun-exposed sites of fair-skinned people, who tend to burn, not tan.
- Middle aged and elderly
- Male : female = 2 : 1
- 20%-70% *regress spontaneously* but 15% recur

## Primary Care Management

- depends on number, type and location of lesions

Sun Protection for all.

## Isolated, well defined lesions

- consider treating with emollients – many regress spontaneously
- cryotherapy – not on lower legs (thermal injury takes too long to heal)

## Multiple lesions

- ingenol gel (see Picato in BNF)

- efudix
- imiquimod
- cryotherapy - 10-15 second freeze, depending on thickness. May need to be repeated

**Ingenol gel**(Picato) – for thin or field change lesions

Advantages:

- Short course of treatment – 2-3 days only
- Good efficacy in 4 separate randomised controlled phase III trials

Directions for use;

- For facial and scalp lesions, use 150microgram pack. 1 tube spread thinly over treatment area and rubbed in gently, each night for 3 consecutive nights. Open a new tube for each use.
- For lesions on trunk and extremities, use 500 microgram pack, (1 tube), spread thinly to treatment area for 2 consecutive nights. Open a new tube for each use
  - Do not apply immediately after taking shower or less than 2 hours before bedtime. Do not cover treated areas. Do not wash treated areas for at least 6 hours following application.
  - Full effect can be evaluated approx 8 weeks after treatment

**Efudix**(topical 5-fluorouracil) for more widespread, thick, ill-defined lesions

- once or twice daily for 3-4 weeks, depending on patient tolerance and skin type
- spares normal skin so can be applied to a wide area
- often causes a severe inflammatory reaction which is a normal part of the treatment and patients need to be warned of this
- Efudix patient information [here](#)
- if inflammation is brisk and severe – space out applications and add mild steroid cream
- consider emollients for inflammatory reaction

## **Imiquimod**

- Apply 3 times per week for 4 weeks and repeat as necessary
- It can provoke an inflammatory reaction – warn patients of this
- Imiquimod patient information leaflet [here](#)