



Actinic Keratosis

An actinic keratosis is a precancerous lesion. It is usually pink and slightly scaly (having a sandpaper-like feeling when touched). The face, back of the hands, and forearms are the most frequently involved areas. If removed early, actinic keratoses are not serious. If not treated, they can become invasive; up to 13% of these lesions may evolve into squamous cell skin cancer. The most aggressive form involves the lips (actinic cheilitis). If squamous cell carcinoma of the lip develops, one-fifth of those cancers metastasize (spread to other areas of the body). Sun damage is the primary cause of actinic keratoses.

Methods of Treatment:

- The most common treatment is freezing with liquid nitrogen. The **disadvantage** with liquid nitrogen is that it may leave a lighter colored area after healing. There is also a burning or stinging sensation during the treatment. The **advantage** is that this treatment is quick and convenient.
- Another common method is treatment with 5-FU (Efudex, Fluoroplex), a topical chemotherapy cream. The **advantage** is that it does not leave a lighter spot. This cream will also treat actinic keratoses that are not yet visible clinically. The **disadvantages** are that it is time consuming and results in several weeks of redness/peeling/crusting (and sometimes sores). The severity of the reaction to 5-FU is directly related to the severity of the sun damage being treated. The cream is applied once or twice a day for four weeks. Any lesions that do not respond may still have to be frozen. 5-FU is primarily used for patients with many lesions (too many to freeze), but can be used on any actinic keratosis if you prefer this method of treatment. *(This method cannot be used if you are pregnant.)* **5-FU is best used in the fall and winter to avoid sun sensitivity.**
- Solaraze Gel is a third option. This gel contains the non-steroidal anti-inflammatory drug, diclofenate sodium. **Advantages** include that it does not leave a pale spot, and there is usually less redness/peeling/crusting than with 5-FU. The **disadvantages** are longer treatment time and **sun sensitivity** (regardless of the time of year). It cannot be used by people in whom aspirin or other NSAIDs (ibuprofen) cause allergic reactions (asthma attacks, hives, swelling). *(This method cannot be used if you are pregnant.)*

All treated sites should be rechecked in two or three months if there is any residual roughness or flakiness. Please have the area rechecked if new actinic keratoses develop at a later time. (Once your skin has sustained enough sun damage to cause actinic keratoses to form, you will develop more, even if you have no further sun exposure.)

Remember to use your SPF 30 sunscreen, sun-protective clothing, wide-brimmed hat, and UV protective sunglasses! Avoid the sun during peak hours (10:00 am – 4:00 p.m.) whenever possible. You should be examined on at least a yearly basis if actinic keratoses have been found on your skin.

For Questions or Emergency Care:

Call the office at **601-815-3374**. You may need to speak with the doctor on-call.