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Patient Information Leaflet

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Actinic Keratosis

What are Actinic Keratoses?

Actinic Keratoses (AKs) are areas of sun damage effecting the top layer of the skin called the epidermis. They range from being flat but slightly rough in texture to more thickened lesions, sometimes referred to as being like a cornflake stuck on the skin. They are most commonly located on the scalp, face and hands – all sites of chronic sun exposure, which may date back as far as childhood.

What is the risk of them changing into anything nasty?

The risk of an individual lesion changing into a skin cancer is very small and roughly between 1 in 1000 to 1 in 3000. Some people do have lots of AKs and therefore the risks do increase. A lesion that has a thickened base, is enlarging or is painful is suspicious of malignant change.

Do they need to be treated?

Very minor AKs do not necessarily need treatment. Simple moisturisers and suncream can sometime lead to partial improvement. As lesions progress, treatment is recommended with the aim of decreasing the potential for them to change into a skin cancer.

What are the treatment options?

There are a number of different options for treatment:

1) Solaraze
2) Efudix
3) Actikerall
4) Imiquimod
5) Photodynamic therapy
6) Cryotherapy
7) Curettage & Cautery

Solaraze is a cream that most GPs will start with as it is probably the least irritating. It has to be used twice daily for 3 months. It is best used for minor keratoses.

Efudix is also a cream and has been shown to have the best long term outcome. It is the most commonly used cream by dermatologists and is used on a daily basis from 4-6 weeks. It causes a predictable redness within the two weeks.

Actikerall is a lotion that is similar to Efudix but is designed to be painted on individual thickened lesions. It is also used for 4-6 weeks.

Imiquimod is a cream that stimulates the body's immune system to treat the sun damage. It can cause flu like symptoms. Treatment course is 4 -6 weeks

Photodynamic therapy combines a photosensitizing cream with either a lamp or sunlight. The lamp is a hospital based treatment and can be quite painful for around 10 minutes. It is a one off treatment. The sunlight variation involves hospital application of the cream then spending two hours outdoors exposing the area to bright daylight.

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Cryotherapy is a hospital or clinic based destructive therapy using liquid nitrogen to kill the top layer of the skin. It is best used for individual lesions

Curettage & Cautery is a surgical technique performed under a local anaesthetic to physical remove the keratosis.

What is the best treatment for thickened lesions?
The cream based treatments work best for the flatter lesions. One can pre-treat the skin with Urea based emollients to soften the outer layer and this may improve treatment success for moderately thick lesions. Urea is available in various creams from 5% to 25%. One can start with the lower strengths eg Balneum cream (5%), or Eucerin or Calmurid (both 10%) and progress to high strengths, as needed, eg Flexitol (10-25%). Pre-treatment takes a couple of weeks to soften the AKs and active treatment with the prescribed cream should be deferred until this has been done.

Very thickened lesions are best treated with a form of destructive treatment that kills or removes the top layer of the skin. These include cryotherapy and curettage.