



ACTINIC KERATOSES

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Actinic Keratoses (AKs) (also referred to as solar keratoses) are precancerous lesions of the skin caused by long-term exposure to sunlight. Over one's lifetime, the sun's ultraviolet rays damage the skin cells in the epidermis, the outermost layer of the skin, and can eventually cause your skin to develop rough, scaly spots, crusty bumps or small horn-like growths. Over time and if left untreated, AKs have the potential to slowly progress into squamous cell carcinoma, a common type of skin cancer.

What Actinic Keratoses Look Like

Actinic Keratoses are found on chronically sun-exposed skin, most often on fair-skinned people. They are most commonly found on the face, ears, scalp, neck, and the backs of the hands and forearms. The typical AK lesion is a dry, scaly, and rough lesion that may be noticed by touch and feel like sandpaper. They can sometimes be tender and "flare up" after sun exposure. Often, they may seem to disappear for weeks or months and then return at the same place. If they are picked off, they typically grow back.

Treatment of Actinic Keratoses

The most commonly used treatments for Actinic Keratoses are:

Cryosurgery - Liquid nitrogen "freezes" the abnormal cells on the surface of the skin, which causes them to dry up and flake off, to be replaced by new healthier skin cells. Skin redness or discoloration, that is typically only temporary, is the main side effect. Occasionally a transient blister may occur after treatment. Treatment sites usually heal after one or two weeks. Cryosurgery is the most commonly used treatment.

Topical Therapy - A topical anti-cancer cream or lotion (e.g., 5-Fluorouracil, imiquimod, diclofenac sodium) is applied to the skin to remove Actinic Keratoses. Localized flat pink or red spots may remain for a while at the site of a treated AK. Your physician may recommend treating a larger region of affected skin as a preventive measure and it may be necessary to repeat treatment.

Photodynamic Therapy (PDT) - In the office, a topical medication is applied to the area to be treated and allowed to absorb into the skin for up to one hour. The area is then treated with a "blue" light, which activates the medication and results in the actinic keratoses in the area slowly crusting and peeling off over the subsequent few days or weeks. The degree of response depends on the amount of sun damage in the treatment area and typically, a series of treatments is needed initially. Additional treatment or series of treatments may be necessary for maintenance over time. Sun exposure must be strictly avoided for 48 hours after application of the topical medication. Burning, stinging, redness, and swelling are normal and typically temporary after effects of PDT.

There is no permanent "cure" for actinic keratoses. Individual specific lesions may resolve with treatment, but in most patients new lesions develop over time and routine "maintenance" treatment is necessary to minimize the risk of actinic keratoses developing into skin cancer.