

Actinic Keratosis

Common sun-induced scaly or hyperkeratotic lesion, which has a small potential to become malignant with a high spontaneous regression rate and low rate of transformation – less than 1 in 1000 per annum, but with an average of 7.7 AK the risk of **one transforming in 10 years**. Distribution Reflects the intensity of sun-exposure, usually occurring on the head, neck, forearms, and hands.

** When to suspect

SCC Red Flag**

Referral

H/O - Rapid Growth, Pain or Bleeding
O/E – Elevated lesion / Palpable lump, Ulceration, induration, Tenderness,
Have low threshold for referring lip lesions and Immunosuppressed patient

- Use of moisturiser bd or tds can differentiate normal from abnormal skin.
- Sun Protection / Regular Moisturiser / Advice re changes to look for - **Rapid growth/Pain/ Fleshy/Bleeding /Ulcer/Ugly Duckling**
- Patient information

Leaflet <https://www.euromelanoma.org/sites/default/files/Euromelanoma%202021%20campaign%20leaflet%20English.pdf>

Field Change – Flat AK's on a background of erythema and sun damaged skin



Grade 1 – Flat pink lesion, no hyperkeratosis or erythema. May have some scale or be lightly pigmented. Easier felt than seen



Grade 2 +3 – Moderately thick hyperkeratosis on background of erythema. Easily Felt and Seen Palpable but not indurated, no susp of SCC – May need follow on treatment two weeks after cryotherapy with topical preparation



Option A 1 - 5-Fluorouracil 5% cream (Efudix®) 'Twos regime'

Apply BD for 2 consecutive days for 2 months.

Option A 2 can titrate up to OD Mon- Fri for 4 wks

.Advise inflammation expected with treatment, can use FucidinH if very symptomatic [Efudix-leaflet--with-pictures- \(1\).pdf](#)

Option B Tirbanibulum –(Klisyri®) -

Apply to affected area for 5 consecutive days [Klisyri-Patient-Booklet-Digital-Version.pdf \(cumbriamedicalservices.co.uk\)](#)

Option C Imiquimoid 3.75% (Zyclara) 5% (Aldara) Counsel re red scaling reaction and low risk of flu like

symptoms. Apply nocte for 2 weeks/ stop for 2 weeks/ back on for 2 weeks [Imiquimod-Update-December-2021-Lay-reviewed-October-2021.pdf](#)

Option D Aldara® - Apply once daily before sleeping 3 days/week for 4 weeks

Solaraze is not included for lack of efficacy

Cryotherapy – if available
2x 5s Freeze thaw cycle if tolerated

[CRYOTHERAPY PATIENT INFORMATION LEAFLET -](#)

0.5% 5-Fluorouracil/10% Salicylic Acid

Actikerall® Apply octe for 6-12 weeks, advise re irritation / inflammation (Max area >5cm x 5cm)

<https://www.nhsggc.scot/downloads/actikerall-patient-digital-leaflet/>

Can consider Curettage and Cautery if confident not an SCC and competent to do so.