Actinic Keratoses

Molecheck

About

An actinic keratosis (also known as a solar keratosis) is a lesion found on sun-damaged skin. They are caused by cumulative sun exposure over many years so are more common in older people. However, they can be seen in younger people with fair skin that burns easily, and those who have had excessive UV exposure (from sunbathing, sunbeds, recreational activities or outdoor work).

The most commonly affected sites for actinic keratoses are the face, ears, back of the hands and bald scalp. They can also occur on the lips. In severely sun damaged people they can also be found on the limbs, upper trunk and the tops of the feet.

They can be variable in appearance and in the early stages are more easily felt than seen. They are usually scaly and white or pink in colour but can sometimes be brown. Sometimes they can be itchy or sensitive to touch. Some develop a thick crust.

Treatment

Usually actinic keratoses can be diagnosed simply by examining the skin but sometimes a biopsy (a sample taken under local anaesthetic to be examined under a microscope in a laboratory) is required to rule out skin cancer.

Actinic keratoses are usually removed as they can be unsightly and uncomfortable and because there is a small risk that they will develop into an invasive squamous cell carcinoma. It is rare for a single actinic keratosis to evolve to squamous cell carcinoma (SCC), but the risk of SCC occurring at some stage in a patient with more than 10 actinic keratoses is thought to be about 10 to 15%.

Treatment involves removing the damaged skin cells that make up the keratosis with healing occurring from surrounding normal cells. This treatment is most commonly done by cryosurgery (freezing with liquid nitrogen) or by using creams such as 5-fluorouracil (Efudix) or imiquimod, or less frequently by surgical means.

A tender, thickened, ulcerated, inflamed or enlarging actinic keratosis is suspicious for SCC.

Because they have significantly sun-damaged skin, people with actinic keratoses are also at risk of developing other types of skin cancer such as basal cell carcinoma (BCC), melanoma and some rare forms of skin cancer. Regular full skin checks are advised.

If you are concerned about a lesion please contact Molecheck to arrange an urgent follow-up appointment.

Prevention

Actinic keratoses are prevented by strict sun protection. If already present, keratoses may improve with a very high sun protection factor (50+) broad-spectrum sunscreen applied at least daily to affected areas, year-round.

The number and severity of actinic keratoses can also be reduced by taking nicotinamide (vitamin B3) 500 mg twice daily.

Further information can be found at
www.dermnetnz.org/topics/actinic-keratosis