

Patient Diagnosis Resource for ACTINIC KERATOSES

Your Diagnosis

Your doctor has determined that you have actinic keratoses, or scaly, rough-textured patches on the surface of your skin. Actinic keratoses (AKs) are not cancer but are the most common type of precancerous skin lesion, affecting more than 10 million Americans.

About the Condition

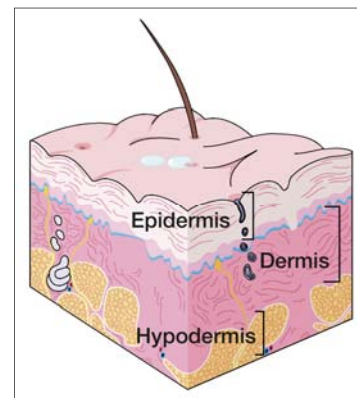
The skin is the largest organ of the body. Its top layer is the epidermis, which contains 3 types of cells that can become cancerous: melanocytes, basal cells and squamous cells. The main purpose of the epidermis is to provide protection against the environment. The second layer of the skin is the dermis, which supplies blood, oxygen, strength and support. Underneath the dermis is the hypodermis, or subcutaneous fat layer, which provides an ongoing blood supply to the dermis.

Actinic keratoses — also called solar keratoses — occur when the squamous cells of the epidermis are damaged from long-term ultraviolet (UV) light exposure, usually from the sun. Because skin damage accumulates over a lifetime, even brief amounts of time in the sun contribute to a person's total exposure. Most AKs are found on the face, ears, scalp, neck, forearms, back of the hands and shoulders. The most aggressive form occurs on the lips and is called actinic cheilitis.

AKs usually develop slowly and vary in size from a pinhead to larger than a quarter. They can be flat or raised with a tan, pink, reddish-brown or skin-tone appearance. The lesions have a dry, crusty feeling and may occasionally grow into a horn shape, called a cutaneous horn. Usually they are not bothersome, but at times they can itch, cause tenderness or become inflamed.

People age 40 and older with fair skin, blonde or red hair and blue, green or gray eyes are at an increased risk for actinic keratoses. However, younger people and those with darker skin and eyes can also develop AKs from too much sun exposure. Other risk factors include:

- ◆ Living in sunny locations or regions near the equator
- ◆ Working or spending much time outdoors
- ◆ Using tanning beds or other UV tanning devices
- ◆ Having a weakened immune system



Most actinic keratoses can be eliminated if they are treated early. If left untreated, AKs can progress to a type of skin cancer called squamous cell carcinoma over a period of time. Although squamous cell carcinoma is the second leading cause of skin cancer deaths in the U.S., the condition is usually not life-threatening if found and treated early.

People with actinic keratoses are also at a higher risk for developing other types of skin cancer due to their accumulated sun damage.

Treatment Options

The usual treatment for actinic keratoses is removal by a doctor, which may be accomplished in one of several ways depending on factors such as lesion size and location and your age, general health condition and personal preferences. Sometimes more than one treatment may be used at the same time. The following treatment possibilities are available:

Cryosurgery – The most common treatment method for AKs is cryosurgery, which uses super-cooled gas to freeze and destroy lesions.

Topical Medication – Another common treatment is the application of medicated cream directly onto the skin (topically) to destroy lesions, most often the drug 5-fluorouracil.

Excision – Cutting or shaving off lesions with a scalpel (excision) is also a common treatment.

Curettage and Electrocautery – This common procedure uses a curette (sharp scooping instrument) to remove AKs, then an electrified needle to stop the bleeding.

Laser Therapy – Sometimes a high-intensity light, or laser, is used to burn off actinic keratoses.

Photodynamic Therapy – Lesions can also be burned off by a laser light after being illuminated by a photosensitizing drug.

Chemical Peeling – This method destroys AKs by using a chemical agent applied to the skin.

Dermabrasion – AKs can also be removed by “sanding” them off, known as dermabrasion.

Retinoids – Occasionally a retinoid cream, which is derived from vitamin A, is prescribed for topical use to help prevent new lesions from developing.

What You Can Do

Steps you can take to prevent further actinic keratoses and skin cancer include:

- ◆ Avoiding the sun, especially between 10 a.m. and 4 p.m. when UV rays are the strongest
- ◆ Using SPF 15 or higher sunscreen that contains avobenzone (Parsol 1789), titanium dioxide and/or zinc oxide, applying it 20 minutes before going outdoors and again every 2 hours, or immediately after swimming or sweating
- ◆ Wearing long sleeves and pants, a wide-brimmed hat and 100% UV-blocking sunglasses when outdoors
- ◆ Avoiding tanning salons and other UV tanning devices
- ◆ Visiting your doctor regularly for skin checks and promptly reporting any new lesions that develop

Additional Resources

American Academy of Dermatology, 888.462.3376, www.aad.org

American Cancer Society, 800.227.2345, www.cancer.org

Skin Cancer Foundation, 800.754.6490, www.skincancer.org

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