



SKINCANCER
FOUNDATION
OF SOUTH AFRICA
www.skincancerfoundation.co.za

Actinic

Keratoses (AKs)

ACTINIC KERATOSES (AKs)

These are common lesions of the skin considered to be the earliest stage in skin cancer development. Further changes in cell growth can turn AKs into a type of skin cancer known as Squamous Cell Carcinoma. As these lesions have malignant potential, removing them limits statistical risk of evolving skin cancer in these lesions specifically. Ask your physician or dermatologist for more information as needed.

WHO IS MOST AT RISK?

Caused by long-term sun exposure, AKs are most commonly found in those over 40 years of age but is also found in teenagers. Almost 50% of fair-skinned people – typically over 50 - who live in year-round hot / sunny areas have Actinic Keratosis.

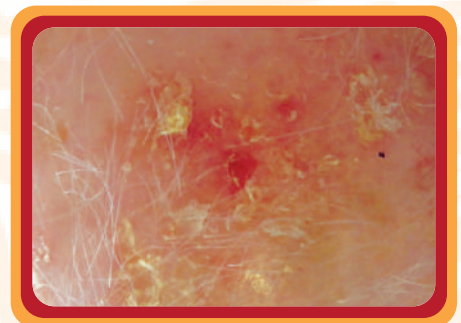
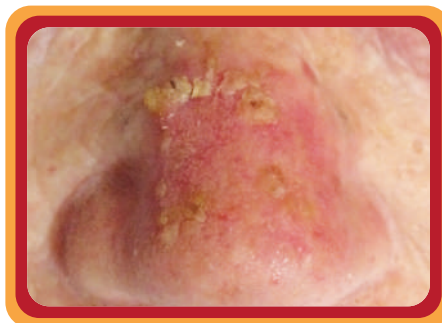
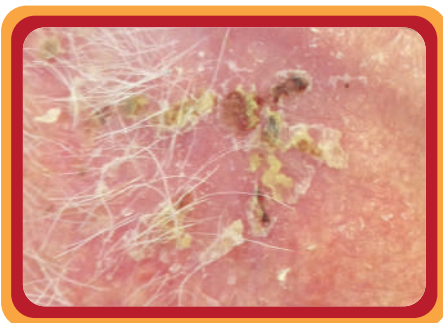
Actinic Keratosis are also commonly found in patients with Albinism and Xeroderma Pigmentosum – especially common in African Skin. In these patients Skin Cancer risk is exceptionally high and detailed education, follow up and support from a Dermatologist or Dermatology Academic Department is mandatory.

WHAT DOES IT LOOK LIKE?

AKs is usually found on the sides of the forehead, the ears, the scalp of bald men and the back of hands. Typically, an AKs lesion is a dry, scaly and rough skin-coloured to reddish-brown bump on the skin. Ranging from the size of a pinhead to larger than a R2 coin, they are often noticed by touch due to their sharp, hard scale and can feel like sandpaper. In some cases, a cutaneous horn can form and is most commonly found on the external ear. It gets its name thanks to its close resemblance to an animal horn, which can vary in size from a pinhead to a pencil eraser. It can be straight or curved. An AKs can also form on the lower lip, drying and cracking open. AKs on any part of the skin may seem to disappear for long periods of time but will return to the same place.

Another common manifestation is a large surface involvement on the face or scalp especially, resembling dandruff or dry skin – often leading to the misunderstanding of these lesions. On arms, legs, hands especially, and the body (to a lesser extent) these lesions present as thickened, warty lesions.

On the face, a more confluent and fine roughness that does not resolve – may manifest.





SKINCANCER
FOUNDATION
OF SOUTH AFRICA
www.skincancerfoundation.co.za

Actinic

Keratoses (AKs)

TREATMENT OPTIONS

It should be stressed that management of these lesions are a comprehensive, ongoing and multi-modality approach where the objective is to keep the patient without these lesions for most of the year. These modalities form part of that approach and are discussed below:

Cryosurgery -

Liquid nitrogen is used to freeze the surface skin, which flakes off and is replaced by new skin. This remains the gold standard of treatment to this day – but caution is advised for the face, neck and chest – as scarring may be an issue.

Topical Chemotherapy -

A topical anti-cancer cream or lotion is applied to bring out the AKs lesions.

Chemical Peeling -

A mild, medium or deep chemical solution is applied, causing the skin to peel over a few days.

As the treated skin peels, new skin forms in its place.

Laser Skin Resurfacing -

This is a sequence of treatments with a carbon dioxide laser that removes surface skin to the required depth. A week or two of healing is necessary. (This is especially effective on the lip)

Photodynamic Therapy -

A natural chemical is applied and after a few hours the skin is exposed to blue light that activates the chemical to destroy the AKs.

The advent of Photo-Dynamic Therapy has brought a dramatic breakthrough in the management of large surface involvement with this condition. Patients with large areas of dense Actinic Keratosis on the face and neck are ideally suited for this approach – as it gives a “FIELD TREATMENT” effect – clearing an entire surface (such as the face or scalp). This treatment is exceedingly safe and efficacious – and typically offered in every dermatology practise.

Lasers, Lights (Blue lights), and more recently Daylight (Daylight PDT) are used to active the molecule that concentrates in the cancer cells (only). Redness and discomfort are transient side effects.

PREVENTION

Sun damage starts in childhood and poor protection puts children at risk for skin cancer later in life. However, you are never too old to practice sun safe behaviour.

- Avoid excessive sunlight exposure, particularly between 10am and 4pm.
- Wear sun-protective clothing and a wide-brimmed hat.
- Use a broad-spectrum sunscreen with an SPF 15 or higher. Apply 30 mins before exposure and reapply every 90 mins when outdoors (even on cloudy days).
- Recent advances in the understanding of topical and oral anti-oxidants have shown that these products may further enhance photoprotection.