NHS
Vale of York
Clinical Commissioning Group

Referral Support Service

Dermatology

D02
Actinic (Solar) Keratoses

Definition

- Scaly, flat pink, red or brownish lesions, on any sun exposed skin from mid-life onwards.
- Typical areas affected are scalp in balding patients, upper pinna, temples, bridge of nose, anterior upper chest.
- Images - **click here**
- Often multiple, with a dry adherent scale. They occasionally itch.
- Hyperkeratotic scale can form a cutaneous horn.
- The vast majority of actinic keratoses do not progress to squamous cell carcinoma. Evidence suggests that the annual incidence of transformation to SCC is less than <2%. This risk is higher in immuno-compromised patients.
- The majority of patients can be managed in primary care.

Exclude Red Flag Symptoms

- Tender and /or indurated lesions are more likely to be SCCs or other significant pathology.
- Also if bleed spontaneously. Refer if ?SCC or concerns about malignant change

Management

- **Click Here** for the 2014 Primary Care Treatment pathway.
- **Fluorouracil (Efudix®)** is the most cost effective treatment. Its application and use needs care and there are a number of leaflets within the treatment pathway that help to explain this to patients. Apply every night for four weeks. Wash hands thoroughly after application. Leave treated areas uncovered and wash the following morning. Patients should be advised to expect a relatively mild degree of redness and discomfort during the treatment period.
- AKs can regress spontaneously especially if sun exposure is reduced.
- Do a full body examination for other sun induced lesions.
- For all patients advise avoid sun exposure by wearing hats and clothing, use sunscreens (SPF 50+) applied from April to October and reapply frequently on sunnier days or when outside for longer periods. Reinforce this frequently.
- If patient follows this rigorously may need vitamin D measurement or supplementation Isolated well defined lesions:

Responsible GP: Dr Alison Hunter Clinical Research & Effectiveness approved: Mar 2016
Responsible Consultant: Dr Julia Stainforth Date published: April 2016 Responsible Pharmacist: Laura Angus
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- Consider not treating– many regress spontaneously
- cryotherapy – not on lower legs (thermal injury takes too long to heal); • 10-20 second freeze depending on thickness
- Can be useful for thicker or resistant lesions.

Referral Information

Information to include in referral letter

Previous treatments tried and their effect.

- Photograph (desirable)
- Relevant past medical/ surgical history
- Current regular medication
- BMI/smoking status

Referral Criteria

- Diagnostic doubt.
- Failure of 2 different treatments.
- Immuno-compromised patients

Patient information leaflets

- York Hospital Foundation Trust's leaflet (a one page summarised leaflet)
- Manufacturer Patient Information Leaflet (a more detailed leaflet)
- British Association of Dermatologists' leaflet

References

Primary Care Dermatology Society