What is an AK

An actinic keratosis is a common, UV induced, scaly or hyperkeratotic lesion which has a very small potential to become malignant. There is a high spontaneous regression rate and low rate of transformation – less than 1 in 1000 per annum, but with an average of 7.7 AKs the risk of one transforming in 10 years is 10%.

Important information about treatments

[A] Expect local skin reactions which can be severe with several of these treatments. This can be very severe especially if large areas are being treated. These should be regarded as an effect of the treatment. Patients should be warned to expect this effect rather than regarding it as an unwanted side effect.

[B] Complete clearance of lesions can be delayed several weeks beyond completion of topical therapies.

[C] Please refer to SPCs for further information regarding these products.

[D] Local formularies and regional guidance may exist for individual products.

[E] It may be preferable to divide larger areas into smaller ones and treat them sequentially.

Identify high risk patient

Past history of skin cancer, those with extensive UV damage, immunosuppressed patients or the very young, consider referral to secondary care or accredited GPwER. If not high risk then consider treatment as below.

General measures

Applicable to all patients and may be all that is needed for management:

1. AKs are a marker of UV damage: examine other areas of the skin
2. Encourage prevention: sun screen and protection
3. Advise patients to report change
4. Consider use of emollients for symptom control

<table>
<thead>
<tr>
<th>Generic name</th>
<th>Brand name</th>
<th>Grade I</th>
<th>Grade II</th>
<th>Grade III</th>
<th>Field change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Single or few lesions, better felt than seen</td>
<td>Moderately thick lesions, easily felt and seen</td>
<td>Thick hyperkeratotic lesions</td>
<td>Small—up to 25 cm²</td>
</tr>
</tbody>
</table>

**Topical**

3% diclofenac with HA

| Solaraze            | ✓          | ✓          | ×          | ✓          | ✓          | ✓          |

5% fluorouracil (5-FU)

| Efudix              | ✓          | ✓          | ×          | ✓          | ✓          | ✓          | [E]          |

5% imiquimod

| Aldara              | ✓          | ✓          | ×          | ✓          | ✓          | ×          |

0.5% 5-FU+10% salicylic acid

| Actikerall          | ✓          | ✓          | ×          | ✓          | ✓          | ×          |

3.75% Imiquimod

| Zyclara             | ✓          | ✓          | ×          | ✓          | ✓          | ✓          |

**Other**

| Liquid nitrogen     | ✓          | ✓          | ✓          | ×          | ✓          | ✓          |

| Curettage           | ✓          | ✓          | ✓          | ×          | ✓          | ✓          |

**Legend** ✓=relative recommendation ✓✓=strong recommendation ×=not recommended in primary care

Red flag

- Lesions that:
  - are rapidly growing
  - have a firm and fleshy base and/or are painful
  - are not responding to treatment

Refer urgently as priority cancer referral to secondary care