

Patient Information for Actinic keratosis

Overview

Actinic keratoses, also known as solar keratoses, are small rough or scaly areas of skin due to damage from sun exposure. Some actinic keratoses can turn into squamous cell skin cancer, so it is important to perform self-examinations often and catch them early.

Who's At Risk

People with fair skin who sunburn easily; have trouble tanning; have blue, green, or hazel eyes; and red or blond hair are most at risk for developing actinic keratoses. Those who have had a lot of sun exposure in their youth are at a high risk as well. Those with a weak immune system due to chemotherapy, HIV, or an organ transplant are at higher risk.

Spots usually appear in those who are older (over 50), but they can start appearing in younger adults who have had a lot of sun exposure. Darker-skinned individuals are rarely affected.

Signs & Symptoms

The sun-exposed areas of the face, scalp (where balding), ears, neck, forearms, and backs of the hands are most commonly affected with actinic keratoses, but any skin area frequently exposed to sun can be involved.

Patches are usually less than an inch in size with slight scale (sometimes thick like a wart) and a pink, red, or brownish color. They are slightly rough to the touch, like fine sandpaper, and may be a bit sensitive.

- Mild - one or two spots, not thick or hard
- Moderate - scattered, few spots
- Severe - numerous or thick, hard, or bleeding spots

Self-Care Guidelines

Prevention is very important. Sun protection can reduce the number of new areas occurring and may help small lesions go away on their own.

- Avoid direct sun in the middle of the day (10 AM to 3 PM). Remember: snow and water reflect light to the skin, and clouds still let a lot of light through, so you may still be exposed to ultraviolet light even on cloudy days.
- Use a hat with a wide brim. A baseball hat does not give much protection.
- Cover up with tightly woven clothing. Some manufacturers make specialty clothing with a high sun protection factor (SPF) rating, or you can purchase a special ingredient to be added to your washer that can "wash" SPF into your clothing.

- Use sunscreen on all exposed skin areas, including the lips, before going outdoors. A broad spectrum (blocks UVB and UVA light), with an SPF of at least 30, is best. Apply generously 30 minutes before going outdoors and reapply every 2 hours or after swimming or sweating a lot.
- Do not use tanning beds!
- A low-fat diet (less than 21% calories from fat) has been shown to reduce the incidence of actinic keratoses.

Once a month, you should perform a self-exam to look for signs of skin cancer. It is best to perform the exam in a well-lit area after a shower or bath. Use a full-length mirror with the added assistance of a hand mirror, when necessary. Using a hair dryer can help you examine any areas of skin covered by hair, such as your scalp.

- In front of a full-length mirror, inspect the front of your body making sure to look at the front of your neck, chest (including under breasts), legs, and genitals.
- With your arms raised, inspect both sides of your body making sure to examine your underarms.
- With your elbows bent, examine the front and back of your arms as well as your elbows, hands, fingers, area between your fingers, and fingernails.
- Inspect the tops and bottoms of your feet, the area between your toes, and toenails.
- With your back to the mirror and holding a hand mirror, inspect the back of your body, including the back of your neck, shoulders, legs, and buttocks.
- Using a hand mirror, examine your scalp and face.

As you perform your monthly self-exam, familiarize yourself with the moles, freckles, and other marks on your body, and look for any changes in them from month to month, including shape, size, color, or other changes, such as bleeding or itching.

When to Seek Medical Care

If you have severe changes or have a spot that is growing or bleeding, see the doctor. Sometimes a biopsy may be done to look for skin cancer.

Treatments Your Physician May Prescribe

- Local destruction with freezing (cryosurgery), scraping (curettage), burning (electrocautery), dermabrasion, or a laser
- Creams with either tretinoin, adapalene, fluorouracil, diclofenac, or imiquimod
- Chemical peeling

- Photodynamic therapy