

Skin Care after treatment for Actinic Keratosis

Actinic keratosis (AKs) typically present as scaly, erythematous papules (bumps) or rough patches on sun-exposed areas and are the most common precancerous skin lesions. Treatment is necessary because approximately 2 to 15% of lesions may progress to non-melanoma cutaneous skin cancer (NMSC).

Three strategies for treatment are commonly used:

1. Physical destruction (such as liquid nitrogen therapy)
2. Topical chemotherapy (5-fluorouracil, imiquimod, ingenol mebutate or diclofenac)
3. Light therapy (such as photodynamic therapy—PDT)

Therapy is determined by location (face, scalp, forearms, or legs) and extent (few vs multiple).

Liquid nitrogen therapy

- Some patients may experience redness, swelling, blistering, pain, or scab formation at sites of liquid nitrogen therapy that may last for 3 to 5 days after treatment. Make-up should be avoided at this stage.
- Treated areas should be covered with non-medicated ointment (petrolatum or Cicalfate®) until all signs of treatment-related inflammation are resolved. Gently wash with water and soap. Avoid sun exposure.

Topical treatment (5- fluorouracil, imiquimod, ingenol mebutate or diclofenac)

- Follow your doctor's instructions on how to apply the cream, including: where to apply the cream, how many times a day to apply the cream and the length of treatment.
- Some patients may experience redness, swelling, blistering, pain, or scab formation at treated areas that may last for 3 weeks after treatment.
- After the treatment course is completed, red and/ or inflamed areas may benefit from application of a non-medicated ointment (such as petrolatum or Cicalfate®) or a medium-strength topical steroid ointment (such as hydrocortisone or mometasone) for 3-7 days. Consult your doctor for advice on skin care following your treatment.
- Topical treatments for actinic keratosis often increase sun sensitivity and risk for sunburn. It is important to avoid the sun during the treatment as well as for several weeks afterwards (see below).
- Some patients may have persistent redness (faint pink) and slight tenderness for 3 to 6 months following the treatment. Moisturize to help your skin recover.

Sunscreen and photoprotection

- Many patients experience increased sensitivity to sun exposure after treatment of actinic keratosis.
- Regular sunscreen use may prevent the recurrence of actinic keratoses.
- Avoid the sun during its peak hours (typically 10 am to 2 pm) and consult your doctor for advice on how to choose and apply sunscreen, as well as for other tips for photoprotection (such as hats, gloves, and protective clothing).
- Some examples of Sunscreens: Uvidea xl 50+ La Roche Posay, Uvidea 50+ BBcream light and medium, Actinica 50+ sunscreen (Galderma), Anthelios xl 50 fluid, Anthelios 50 tinted BBcream, Neutrogena ultra sheer dry touch cream or spray, Cetaphil suntivity 50+ ultra light lotion for oily skin, spray, tinted lotion, SunSense 50+ (multiple types), SunSense 50+ lip balm.

The information contained in this publication should not be used as a substitute for the medical care and advice of your physician. There may be variations in treatment that your physician may recommend based on individual facts and circumstances.