

**ACTINIC KERATOSES**  
Chronic relapsing and remitting disease diagnosed clinically

Patient Assessment including documenting extent, duration and presence of symptoms, risk factors for skin cancer and co-morbidities  
General skin examination: noting sun damage, number and grade of lesions and evidence of skin cancer

**RED FLAGS**  
suspicious for SCC any of these criteria:  
Presence of an infiltrated base  
Painful and fast growing (< 3 months)

**REFER TWW**

less than 10 lesions

**FIELD CHANGE:**  
Confluent areas with 10 or more lesions with features matching any or all of the grades of AK

Grade 1 Mild  
pink or grey marks with slight scale or gritty to touch

Grade 2: Moderate  
thicker hyperkeratosis and easily detected

Grade 3: Severe  
hypertrophic, thick keratin

**Individual Lesions do not universally require treatment on the basis of preventing progression to SCC**  
Give reassurance to the patient that the condition is benign  
Explain diagnosis support with PIL from British Association of Dermatologists

No active treatment given  
Recommend emollient and sunscreen only

No active treatment given  
Recommend emollient (paraffin or urea based) and sunscreen only

**Education at the outset of using active topical therapies is ESSENTIAL**  
Ensure a full understanding of how to apply treatment and the nature of the side-effects, which can be marked  
Missing this step will lead to poor patient outcomes

No active treatment given  
Recommend emollient and sunscreen only

**If requested Select based on patient preference**  
Picato Gel  
0.05% od for 2 days T+L  
0.015% od for three days Face  
OR  
Efudix 5% Cream  
Regime  
1. Twice Daily for 3 weeks face  
2. Twice daily 4 weeks other sites

**If requested Select based on patient preference**  
Picato Gel  
0.05% od for 2 days T+L  
0.015% od for three days Face  
OR  
Efudix 5% Cream  
Regime  
1. Daily bd for 3 weeks face  
2. Twice daily 4 weeks other sites

Efudix 5% Cream  
Regime  
1. Daily bd for 3 weeks face  
2. Twice daily 4 weeks other sites

**REFERRAL TO SECONDARY CARE ONLY IF**  
Field Change not responding to treatment  
Grade 2 or 3 AK occurring in long-term immunosuppressed patients which has failed to respond to treatment

Notes: Soleraze or diclofenac gel is not recommended as treatment for AK unless patient is very frail and symptomatic as it does not reduce risk of recurrence of lesions. Emollients should be treatment of choice.

**Reference**  
BAD Guidelines on Actinic Keratoses 2017