

Actinic Keratosis

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An actinic keratosis, also called AK or solar keratosis, is a thick, rough, scaly spot on the skin. They develop in areas that have been exposed to the sun for many years.

Actinic keratoses (plural for keratosis) are especially common in fair-skinned people. It is estimated that about 1 in 6 people will develop at least 1 actinic keratosis in their lifetime. **An actinic keratosis is NOT skin cancer.** If left untreated, however, a small percentage of these will become squamous cell carcinoma of the skin.

Treatment

Treatment involves removing the damaged skin cells and allowing new skin to form from deeper skin cells that have escaped sun damage. This is most commonly done by freezing with liquid nitrogen.

For multiple actinic keratoses, your doctor may prescribe a topical medication such as 5- fluorouracil (5-FU/Efudex®) or imiquimod (Aldara®). Some actinic keratoses may persist or recur after treatment and may need to be treated again.

Follow-up

Sun damage is permanent. When it has progressed to the point of actinic keratosis, new keratoses may appear even without further sun exposure. Your dermatologist will likely want you to return for periodic skin examinations.

Preventing additional sun damage is critical and can decrease skin aging, skin cancers, and the chance of developing greater numbers of actinic keratosis.

- Apply a broad-spectrum sunscreen of SPF 30 or higher to all sun-exposed skin every 2-3 hours, more frequently if you have gotten wet.
- Avoid the midday sun whenever possible.
- Take additional sun protection measures such as wearing a broad brimmed hat and clothing that covers your skin.

Your dermatologist can provide you with more information on sun protection.

Please call the **Department of Dermatology at 716-845-3378** if you have questions or concerns. The Center is open Monday to Friday, 8:00am – 5:00pm.