**Actinic Keratosis**

Actinic keratosis (AKs) are generally classified as a premalignant skin lesion, which if left untreated may develop into a Squamous cell carcinoma (SCC/a type of skin cancer).

AKs are caused by chronic exposure to UV radiation over a lifetime to our DNA.  For this reason, it is common to make more of these as you age.

Even though damage has already been done to cause Aks, sunblock of 50 spf or high reduce 98% of UV rays and can decrease the incidence of AKs made over a lifetime.

The biological behavior of a single AK cannot be predicted: it may disappear spontaneously, it may remain unchanged for decades or it may progress to a SCC.

Due to the low but unpredictable risk of progressions into a SCC, all AKs should be treated regardless of their number and thickness.

Several treatments are available (below are 2 of the most commonly used treatments at Orchid Dermatology):

  - Cryotherapy: we freeze lesions with liquid nitrogen. The procedure is usually well tolerated although it may cause pain, redness, swelling, crusting, blisters formation, with healing over several weeks.  A small layer of plain Vaseline is recommended to place over the area until healed.  Try to keep treated skin out of the sun.  If the sun cannot be avoided, wear protective clothing over the area and sunblock when possible.  If you develop increasing redness around the treatment site (after blister formation), increasing pain or drainage from the site please call the office.

 - Chemotherapy creams (5-fluorouracil (FU) and Imiquimod): Please follow the instructions on your prescription.  It is common for the treated skin to become rough, red, and scaly in areas that have had a lot of sun damage.  Most commonly the skin will become speckled with scabs (as the creams are selective and cause cell death of only abnormal skin cells, sparing normal tissue).