Actinic keratosis is a skin disorder which occurs in about 30% of persons aged over 50 years (more commonly among men). The main causative factor is exposure to sunlight. If not treated, there is a risk of malignant degeneration. The risk of squamous cell carcinoma is up to 20%, depending on the extent of the lesions. Based on its effectiveness and cost considerations, the use of 5-fluorouracil cream (5-FU cream) twice daily for 4 weeks remains a suitable treatment of first choice, especially if liquid nitrogen (cryotherapy) or watchful waiting is not (or no longer) an option. When using 5-FU cream, it is important to be aware of common local adverse effects such as erythema, local pain, itch, skin irritation and desquamation. The Guideline on suspicious skin disorders, issued by the Dutch College of General Practitioners, mentions 5-FU cream as a treatment option for actinic keratosis.

Ge-Bu Indication

- **Dutch research has shown that 4 weeks of treatment with 5-fluorouracil cream (5-FU cream) is the most effective field-directed therapy for actinic keratosis in the head-neck region, compared to ingenol mebutate gel, imiquimod cream or methyl-5-aminolevulinate cream plus photodynamic therapy.**
- **No known studies have shown that 4 weeks of 5-FU cream is effective in preventing malignant degeneration of actinic keratosis (squamous cell carcinoma).**
- **From a cost perspective, the option of treating actinic keratosis with 5-FU cream is to be preferred over ingenol mebutate gel, imiquimod cream or methyl-5-aminolevulinate cream plus photodynamic therapy.**
- **For variants of actinic keratosis with few lesions, local cryotherapy remains a cheap therapeutic option, for which there is sufficient evidence of effectiveness.**
- **Watchful waiting is a justifiable option for small lesions that can be easily monitored by the patient.**

Literature references


*The literature refers to the Dutch text

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