

Many interventions effective for actinic keratoses

Clinical question	How effective are topical, oral, mechanical and chemical interventions for actinic keratoses?
Bottom line	For individual lesions, photodynamic therapy appears more effective and has a better cosmetic outcome than cryotherapy. For field-directed treatments, diclofenac, 5-fluorouracil, imiquimod, and ingenol mebutate had similar efficacy, but their associated adverse events and cosmetic outcomes were different. Skin irritation was associated with some of these treatments, such as diclofenac and 5-fluorouracil, but other side effects were uncommon. The choice of treatment options depended on the number of lesions, the individual's desired results and tolerance to the treatments.
Caveat	The review included a broad variety of interventions for actinic keratoses and a large number of outcomes. There was no evidence that treating actinic keratoses prevented squamous cell carcinoma.
Context	Actinic keratoses are a skin disease caused by long-term sun exposure, and their lesions have the potential to develop into squamous cell carcinoma. Treatments for actinic keratoses are sought for cosmetic reasons, for the relief of associated symptoms, or for the prevention of skin cancer development. Detectable lesions are often associated with alteration of the surrounding skin (field) where subclinical lesions might be present. The interventions available for the treatment of actinic keratoses include individual lesion-based (e.g. cryotherapy) or field-directed (e.g. topical) treatments.
Cochrane Systematic Review	Cochrane Systematic Review Gupta AK et al. Interventions for actinic keratoses. Cochrane Reviews, 2012, Issue 12. Art. No.: CD004415.DOI: 10.1002/14651858. CD004415.pub2. This review contains 83 studies involving over 10,036 participants
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[References]

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