Dermatology

Solar keratoses and treatment with fluorouracil cream

Who is this leaflet for? What is its aim?

This leaflet is for anyone who has solar keratoses on the skin who has made the decision to treat them using fluorouracil cream (Efudix).

What is a solar keratosis?

It is a change that can develop in skin that has had a lot of sun over many years. The sun’s damaging ultraviolet radiation gradually causes skin damage resulting in abnormal cells that pile up into rough bumps.

What do solar keratoses look like?

Firstly they appear as small tan, brown, reddish-brown patches ranging in size with a white scaly top that is rough to touch.

They mainly appear on the face, ears, neck, forearms, hands and scalp.

Can they turn into a skin cancer?

They are usually a benign condition but can very rarely turn into cancer.

How can I prevent them occurring?

It is important to limit your exposure to the sun by wearing a hat, suitable clothes and by using sunscreens. This will reduce the chances of cancer developing.

How can solar keratoses be treated?

They are treated by a number of methods which destroy the abnormal tissue. One of these is a special cream which contains fluorouracil. In your case, your doctor has suggested that the fluorouracil cream is the most suitable treatment option.

What is fluorouracil cream?

Fluorouracil cream is a strong topical medicated cream which destroys the abnormal cells that make up the solar keratoses on your skin. Its trade name is Efudix.
How do I apply the fluorouracil cream?

Efudix is used as a course of treatment, not as a long-term treatment. The course is usually about a month long, but the intensity and course of the treatment will depend on your type of skin and the size of the keratoses. Avoid putting the fluorouracil cream near the eyes, nostrils or lips. Avoid applying the cream to broken skin. After applying the cream you should wash your hands.

The course of treatment recommended by your doctor or nurse is detailed below. **Delete choices as appropriate**

<table>
<thead>
<tr>
<th>How often should I apply Efudix?</th>
<th>How long should I use it for?</th>
<th>Where should I apply it?</th>
<th>Should I use anything else during or after the course of treatment?</th>
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<tbody>
<tr>
<td>Twice a day OR Once a Day OR</td>
<td>Two weeks OR Four weeks OR</td>
<td></td>
<td>No, nothing OR After the course of fluorouracil cream, 1% hydrocortisone cream or Fucidin H cream once daily until the skin reaction dies down OR ........................................</td>
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**During the treatment**

- Do not use any other skin products unless instructed by your doctor.
- Avoid sunlight and other sources of UV light, such as sunbeds.
- Do not cover the treated areas with a dressing unless instructed by your doctor.

**What changes will I see?**

Over the treatment period the skin will change. It will become red and sore before you notice any improvement but this is a sign that the Efudix is working. It is caused by the abnormal cells dying. If the reaction becomes too uncomfortable it is important that you stop the treatment and seek the advice of your GP.
Can I repeat the treatment?
Yes, if new solar keratoses develop or the first course of treatment does not work completely, the skin can be treated again under your GP’s guidance.

Benefits

The aim of the treatment is to clear or reduce the size of the actinic keratoses.

Risks

Is it safe?
Yes, although it should not be used in pregnancy or during breastfeeding.

Are there any side effects?
If your skin is very sensitive, you may find that your skin gets much redder and more sore than expected. If this is the case, you should stop the treatment before the end of the course and let the skin reaction settle down. You can try to use Efudix again, but apply it half as often as you did the first time.

Alternatives

Solar keratoses can be treated in a number of ways. They may be left untreated, or treated by freezing (cryotherapy), surgery (excision or curettage), laser (not available within NHS) or by the application of other creams/paints such as diclofenac (Solaraze), imiquimod (Aldara), ingenol mebutate (Picato), salicylic acid (eg Duofilm, Salactol) or salicylic acid plus fluorouracil (Actikerall).

Contacts/Further information
If you are in the dermatology department, please ask the doctor or if you are at home, please ask your GP.

References / Sources of evidence

Other information available on the internet about solar keratoses and their treatment:
www.bad.org.uk/public/leaflets/actinic.asp
www.skincarephysicians.com/actinickeratosesnet
www.emedicine.com/derm/topic9.htm
We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history

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Contact number: 01223 245151
Publish/Review date: October 2016/ October 2019
File name: PIN1303_solar_keratoses_efudix_v3.doc
Version number/Ref: 3/ PIN1303 / Document ID 17113