TCA 35% for Actinic Keratoses

Emily C Keller MD, FAAD
Annual AAD Meeting 2019
DISCLOSURE OF RELATIONSHIPS WITH INDUSTRY

Emily C Keller, MD

F116 - Superficial, Medium, and Deep Chemical Peeling and Relevance in 2019

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Actinic elastosis and variable chronic inflammatory cell infiltrate in the dermis.
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- ~60% of patients with sun damage older than 40 years have at least one AK
- Greater than 80% of AKs occur on highly visible areas
  - Head, neck, back of hands, forearms
- The risk of AK→SCC for an individual AK
  - 0.025% to 16% per year

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*Cutis.* 2015 September;96(3):165-172, 193
By Julien Lanoue, BA Timothy Do, BS Gary Goldenberg, MD
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- 2nd most common diagnosis
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Elizabeth E Uhlenhake
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Naomi Lawrence, MD; Sue Ellen Cox, MD; Clay J. Cockerell, MD; Robert G. Freeman, MD; Ponciano D. Cruz Jr, MD

• Single application of Jessner’s solution followed by Trichloroacetic acid 35%
• Twice daily application of 5% Fluorouracil cream x 3 weeks
• Both treatments:
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• Objective
  • Treatment of actinic keratoses and prophylaxis against new primary BCC/SCC in patients with previous NMSC or severe photodamage

• 5 year, prospective trial

• 27 patients randomized to 3 treatment arms
  • CO2 laser resurfacing
  • TCA 30% peel
  • 5% fluorouracil cream twice daily x 3 weeks

• Outcomes
  • Reduction in number of AKs measured 3 months after treatment
  • Incidence of new NMSC over 5 years

• Results
  • All treatments reduced AKs by 83-92%
    • CO2: 92% reduction
    • TCA: 89% reduction
    • 5FU: 83% reduction
  • Lower incidence of NMSC
  • Trend toward longer time before developing a new skin cancer
  • No statistical difference between the groups

• Patients preferred the TCA
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