

## METHOD OF TREATMENT

1. Identify the lesions. If unsure do a biopsy.
2. For Actinic Keratoses remove scaly crusts.
3. For Bowens and superficial BCCs, curette lightly to remove any crusts or raised areas.
4. For Nodular BCCs, debulk by curettage or shave. Radio wave curettage prevents excessive bleeding. (See Figure 3).
5. Before applying Metvix, ALA, ensure that the area is dry (no bleeding).
6. Apply chemical 1 mm thick over whole area plus a rim of 1 mm
7. Occlude with opsite for 3-4 hours: No UV exposure during this time.
8. Close eyes with pads and small eye goggles.
9. Secure light in position for the period, not more than 10 cm from the target.
10. Give pain relief with
  - o Cold air
  - o Cold water spray
  - o Local anaesthetics
  - o Local nerve blocks
  - o Conscious sedation
11. Post op: cover area with non adherent dressings, e.g.: Telfa
12. For Bowens and BCCs schedule a second treatment 7-10 days later.

## PEARLS

1. When debulking BCC:
  - a) Debulking with Radioshave diminishes bleeding.
  - b) Adrenalin soaked swab stops bleeding quickly.
2. Cold water spray relieves pain particularly in conjunction with cooled air.
3. Local anaesthesia and nerve block also relieve pain.
4. Conscious sedation is effective for large areas - eg. scalp.

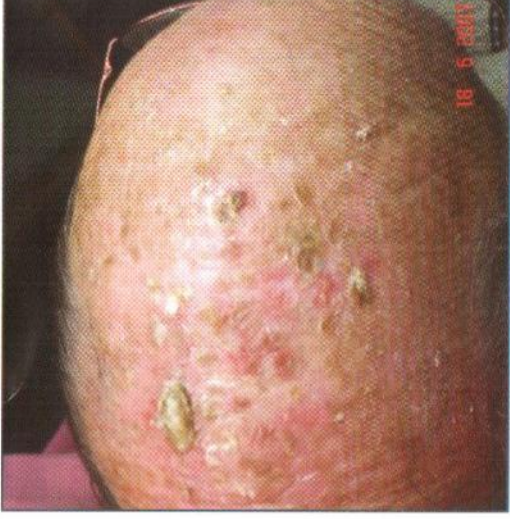


Figure 1A: Pre-PDT Actinic Keratoses

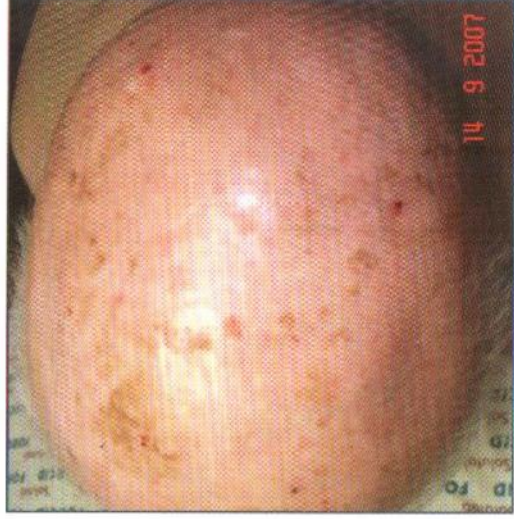


Figure 1B: Post-PDT Actinic Keratoses

## PITFALLS

1. Avoidance of UV exposure after occlusion of lesions and 48 hours post op.
2. Warfarin and bloodthinners can lead to prolonged bleeding.
3. Avoid patient with photosensitive dermatoses, eg:
  - o DLE
  - o PLE
  - o Porphyrias