

## CONTRA-INDICATIONS

1. Morphoeic BCC
2. Squamous Cell Carcinoma (although there are ongoing trials being done for these)
3. Melanoma
4. Any photosensitive conditions

## MANAGEMENT POST PDT

Avoidance of ambient light for 24 hours. Crusting will occur for some days before healing - no specific treatment.

## OTHER APPLICATIONS

1. Rejuvenation
2. Actinic Cheilitis
3. Anecdotal reports of use for:
  - a) Acne Vulgaris
  - b) Recalcitrant warts
  - c) Acute Scleroderma
  - d) Necrobiosis Lipoidica
  - e) Many others

In a recent follow up study for treatment of superficial BCC with MAL PDT, patient satisfaction with PDT emphasised the superior cosmetic outcome with PDT compared with Cryotherapy.

There was also patient preference for PDT over surgery, cryotherapy and 5-Fluorouracil in treatment of BCC's.

## COMPLICATIONS

### 1. Pain

Numerous publications have intimated that ALA is more painful than MAL PDT (Metvix)

Face and scalp lesions are generally more painful and can be managed by:

- a) Analgesics and narcotics
- b) Local anaesthetic and local nerve blocks
- c) Cold air
- d) Cold water spray.

In large areas of the scalp, conscious sedation is very effective.

### 2. Crusting and Granulation Tissue

When large areas of Actinic Keratoses are done. (See figure 5).

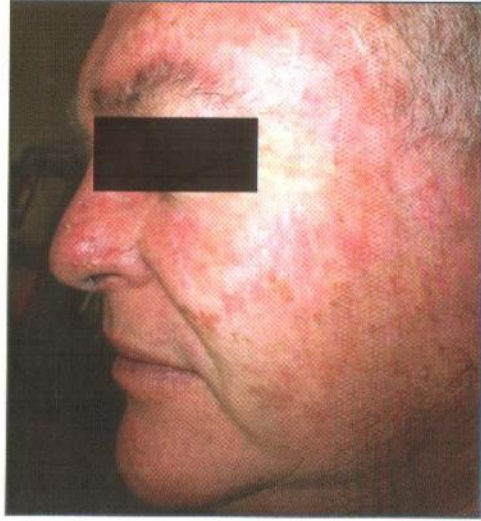


Figure 5A: Solar keratoses pre PDT

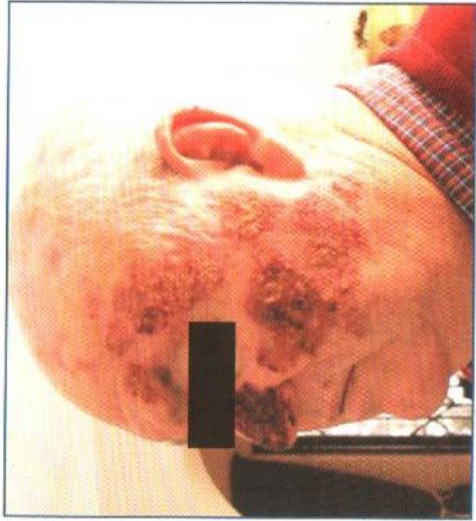


Figure 5B: Granulation tissue post-PDT

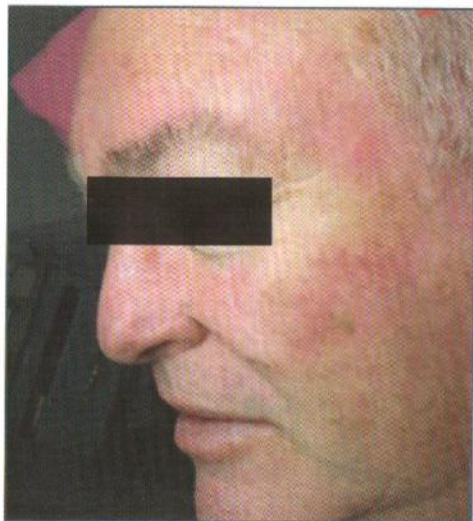


Figure 5C: Solar Keratoses Post PDT Granulation Tissue heated