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E Sotiriou¹, Z Apalla, F Maliamani, N Zaparas, D Panagiotidou, D Ioannides

Affiliations + expand PMID: 19470041 DOI: 10.1111/j.1468-3083.2009.03259.x

Abstract

Background: Actinic keratoses (AKs) are considered as in situ squamous cell carcinoma. Early and effective treatment is important. Objective To compare the efficacy, cosmetic outcome and patient preference of 5-aminolevulinic acid photodynamic therapy (ALA-PDT) with that of 5% imiquimod (IMIQ) cream in patients with AKs on the dorsa of hands and forearms.

Methods: Subjects received two ALA-PDT treatment sessions and one or two courses of imiquimod (three times per week for 4 weeks each). Treatments were randomly allocated to alternate upper extremities. Assessments included lesion response one and six months after treatment, cosmetic outcome evaluated by the investigators and patients' preference 6 months after treatment. Efficacy end point included the individual AK lesion clearance rate.

Results: Thirty patients with 256 lesions were included in the study. At the first follow-up, treatment with ALA-PDT resulted in significantly larger rate of cured lesions relative to 5% IMIQ cream (70.16% vs. 18.26%). At the second follow-up both treatments showed a high rate of cured lesions (65.32% for PDT vs. 55.65% for IMIQ cream). Response rates obtained in grade I lesions were higher for both treatments (71.64% for PDT vs. 72.13% for IMIQ), while treatment with PDT resulted in a significant larger rate of cured grade II lesions (57.89% for PDT vs. 37.03 for IMIQ). Difference in cosmetic outcome was not statistically significant. Results for subject preference favoured ALA-PDT.

Conclusions: Our study shows that ALA-PDT and 5% IMIQ cream are both attractive treatment options for upper extremities AKs with comparable efficacy and cosmetic outcomes.

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Intraindividual, right-left comparison of topical 5aminolevulinic acid photodynamic therapy vs. 5% imiquimod cream for actinic keratoses on the upper extremities

E Sotiriou¹, Z Apalla, F Maliamani, N Zaparas, D Panagiotidou, D Ioannides

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Results of an investigator-initiated single-blind split-face comparison of photodynamic therapy and 5% imiquimod cream for the treatment of actinic keratoses. Hadley J, Tristani-Firouzi P, Hull C, Florell S, Cotter M, Hadley M.

Dermatol Surg. 2012 May:38(5):722-7. doi: 10.1111/j.1524-4725.2012.02340.x. Epub 2012 Feb 16. PMID: 22340282 Clinical Trial.

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Photodynamic Therapy and Non-Melanoma Skin Cancer.

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 Ko DY, Kim KH, Song KH.

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- > Dose-Response Relationship, Drug
- > Female
- > Humans

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- > Middle Aged
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- > Treatment Outcome
- > Upper Extremity

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- > Interferon Inducers
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