

Solcoderm in the Treatment of Solar and Seborrheic Keratoses

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Key Words. Skin lesions · Solcoderm · Seborrheic keratoses · Solar keratoses

Abstract: Solcoderm treatment was applied to 46 patients with solar keratosis and 40 with seborrheic keratosis. Evaluation at regular follow-up over a 10-week period showed disappearance of the lesions without any remnant in most cases. Treatment was found to be effective, convenient, and with essentially no side effects.

Both solar and seborrheic keratoses are essentially benign lesions of the skin which often do not require any treatment at all. The seborrheic keratoses may constitute a considerable nuisance, if only from the cosmetic point of view, particularly when they are located on the face or other exposed parts of the body. The solar keratoses, however, are of much greater importance in dermatological practice since they are generally held to be precancerous lesions which may precede the development of a malignant tumor, usually a squamous cell carcinoma.

The most usual treatment of the seborrheic keratoses is surgical. For small lesions of this type electrodesiccation, cryosurgery and other similar procedures provide an effective means for eliminating the undesirable cosmetic blemish but these involve a certain degree of pain and discomfort to which patients are often reluctant to subject

themselves. Solar keratoses have been treated also with the local application of 5-fluorouracil. This has proved to give a very good medical and cosmetic result but frequently causes an acute, exudative inflammation lasting many weeks before healing takes place. This can be extremely disagreeable, particularly when the lesion is on the face, which is true in most cases.

For these reasons discovery of an effective but less troublesome means for treating these lesions would be given a warm welcome by both patients and medical personnel. With the development of Solcoderm it would appear that the search for such an agent has been rewarded by success.

Herewith described is the clinical trial carried out by us with the aim of determining the efficacy of Solcoderm in the treatment of both solar and seborrheic keratoses.

Table I. Number and location of solar and seborrheic keratoses

	Solar Keratoses	Seborrheic Keratoses
Total number of patients	28	36
Location of lesions		
Face	63	61
Scalp	20	
Other	3	8
Total number of lesions	86	69

Table II. Results observed 10 weeks after treatment

	Solar Keratoses	Seborrheic Keratoses
Total healing of lesion		
Without any remnant	60	43
Atrophic scar	3	
Erythema	6	9
Total	69 (80%)	52 (75%)
Partial healing of lesion		
Persistence of crust	10	17
Incomplete healing	7	

Material and Methods

Among 46 patients with solar keratoses and 40 with seborrheic keratoses who were treated with Solcoderm in this clinical trial, a considerable number did not appear for subsequent follow-up. It may be assumed that this was due to the good result obtained and their feeling that there was no further need for treatment, an assumption supported by our observation of those patients who later appeared in our clinic for other reasons. So as not to depart from protocol, however, these cases have not been included in the data presented here, which constitutes only that collected from the patients who were seen regularly for a 10-week period after treatment. Thus there were 28 patients (12 males, 16 females aged from 39 to 78 years) with solar keratoses and 36 patients (16 male, 20 females aged from 46 to 77 years) with seborrheic keratoses.

The 28 patients with solar keratoses had 86 lesions and the 36 with seborrheic keratoses had 69 lesions (table I).

Solcoderm was applied in accordance with the instructions given by the producers, by repeated pricking of the lesion with the material on a sharp wooden or plastic stick, beginning from the center and working outwards to the edge, continuing until there was a change in color of the affected area to a yellowish white or grey. Depending on the size of the lesion, this took up to several minutes to accomplish. The brownish crust which formed at this site within several days later dropped off after a period ranging from a few days to a few weeks.

Results

In those cases in which, in the regular follow-up carried out every 2 weeks, the primary lesion was seen not to be completely healed after the crust had fallen, the lesion was treated a second, and in some cases, a third time. The solar keratoses required from 1 to 3 treatments (an average of 1.5) and the seborrheic keratoses from 1 to 2 treatments (an average of 1.3).

From table II, which presents the results observed at the end of 10 weeks, it can be seen that 69 (80%) of the solar keratoses and 52 (75%) of the seborrheic keratoses had disappeared. The slight erythema seen at the site of the lesion in 6 of the solar and 9 of the seborrheic keratoses was found to be no longer visible about 15 weeks after treatment. In 3 solar keratoses, however, the primary lesion healed with a fine atrophic scar.

17 of the solar and 17 of the seborrheic keratoses showed only partial healing at the end of 10 weeks despite the fact that treatment had been repeated for a second or third time. In 10 of the solar keratoses and all 17 of the seborrheic keratoses the persisting crust later fell and after a short period during which only a slight erythema was visible

complete healing was evident. In the 7 cases of solar keratoses in which total healing was not effected other kinds of treatment were recommended.

No side effects were observed in any of these cases, aside from the very slight burning sensation experienced during and sometimes immediately after the application of the Solcoderm.

On the basis of this clinical trial it has been concluded that Solcoderm constitutes an effective, convenient agent for the treatment of solar and seborrheic keratoses.

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