Evaluating Different Approaches in Managing Local Skin Reactions With the Use of Ingenol Mebutate 0.015% and 0.05% During the Treatment of Actinic Keratosis

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Introduction

• Actinic keratosis (AK) is an epidermal proliferation on the skin caused by damage from chronic exposure to UVA rays from the sun and is a precursor to squamous cell carcinoma.
• A new era of improved treatment for patients with AK is currently being explored.
• Multiple studies have illustrated efficacy of novel AK treatments; however, tolerability and acceptance by patients are not well described.

Materials and Methods

We systematically searched the electronic databases PubMed and Medline to identify all relevant records through August 2019. Search terms included “ingenol mebutate,” “ambulatory care facilities,” “actinic keratosis,” “therapy,” and “LSR.” All studies returned from search were reviewed, and 6 studies were identified for in-depth analysis. The literature search included all LSRs associated with IMB treatment in AK patients, independent of treatment with moisturizers, and all dates of publication. The other studies evaluated different approaches in managing or minimizing LSRs during the treatment of AK.

Results

• In total, 489 patients with LSRs were treated with IMB and IMB plus moisturizer.
• There were no limitations for date of publication.
• By 2 weeks after treatment initiation, LSRs had returned to baseline both in areas treated with IMB (0.67) and in areas of the scalp with IMB daily for 3 days.
• At the time of the first follow-up visit at day 4, 47% of patients received emollient creams.
• In 1 patient, LSRs were resolved at day 20.
• The other studies evaluated different approaches in managing or minimizing LSRs during the treatment of AK.
• Approximately 37% of patients received treatment for LSRs at T1.
• Topical application of IMB gel in patients with AK elicits LSRs at the application site.

Conclusions

• Topical application of IMB gel prompts patients with AK to treat the application site.
• Most patients treated with IMB for AK experienced LSRs spontaneously over time without the need for additional treatment, and LSRs resolved by 2 weeks after treatment initiation.
• LSRs are associated with scabbing, itching, pain, and pruritis.
• Topical application of IMB gel in patients with AK elicits LSRs at the application site.

References