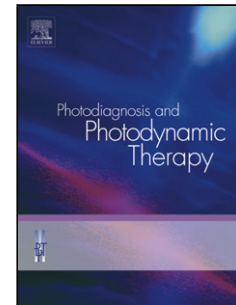


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Title: Improved effect on 2 cases of disseminated superficial actinic porokeratosis with daylight photodynamic therapy

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Improved effect on 2 cases of disseminated superficial actinic porokeratosis with daylight photodynamic therapy.

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Highlights:

- We report the third and fourth cases of DSAP treated with daylight photodynamic therapy.
- DL-PDT could be a therapeutic option in cases of DSAP resistant to liquid nitrogen cryotherapy and various topical treatments.
- No relapses or new lesions occurred 1 year after treatment with daylight-PDT.

Keywords:

daylight photodynamic therapy; actinic porokeratosis; methyl aminolevulinate; photodynamic therapy

A wide variety of therapeutic options have been used in the treatment of Disseminated Superficial Actinic Porokeratosis (DSAP) with different results. In this article we report two cases of DSAP treated with day-light photodynamic Therapy (DL-PDT).

The first case was a 64-year-old woman with a 10-year history of multiple itchy 1 cm annular keratotic lesions symmetrically distributed over the upper and lower extremities. She had been previously treated with keratolytic agents, topical 5-fluorouracil, topical corticoids, topical calcipotriol, topical diclofenac and cryotherapy, with poor results and early relapses.

The second case was a 61-year-old woman with a 2-year history of identical lesions that had been treated with topical corticoids and cryotherapy without response.

Due to the extension of the lesions we decided to use daylight photodynamic therapy for both patients following the Spanish consensus statement on use of daylight photodynamic therapy [1]. First of all we applied a SPF 50 sunscreen without physical filters and made light skin curettage in order to remove scales. Then we applied 2 grams of cream, (MAL) without occlusion, and after 30 minutes the patients were exposed to daylight for the next 2 hours. Then, the cream was removed by washing the treated areas and a SPF 50 sunscreen with

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