

WHEN YOU ARE TREATED FOR SOLAR LENTIGO



What is solar lentigo?

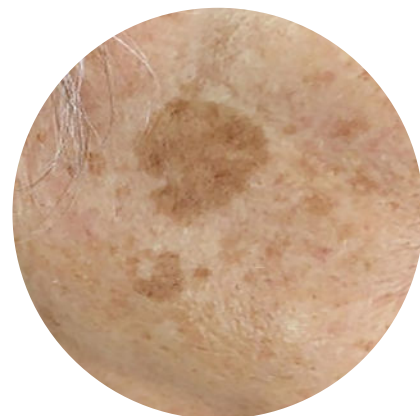
Solar lentigo, also called “age spots” is a benign skin change. Solar lentigo is sometimes also called “liver spots” though these skin changes are not related to liver function.

It is a type of pigment change that is caused by exposure to UV-light from the sun or solarium, and therefore occurs in sun-exposed areas of the body such as the scalp, face, the back of the hands, shoulders and back.

Lentigines vary in appearance from light brown to dark or black spots on the skin, from oval to irregular, and the changes may have nodules or be slightly scaly in some cases. They also vary in size from a few millimetres to several centimetres in diameter. These skin changes may resemble large freckles and may develop slowly over several years or occur suddenly. As you get older, the changes will often become darker and larger. Solar lentigo is not contagious.

In the USA, more than 90% of fair-skinned persons above the age of 60 and 20% of those under the age of 35 have solar lentigo. The prevalence is largest among persons that sunbathe, use sunbeds or work outdoors.

Some may perceive solar lentigo as cosmetically unsightly and seek treatment for it.



What is cryosurgery?

One of the most efficient therapies for removing solar lentigo is to destroy the targeted skin by freezing, also called cryosurgery. Cryosurgery has been used for treatment of skin changes for more than 100 years. Cryo is the Greek word for “cold”, and surgery is derived from the Greek word kheirourgia meaning “working by hand”.

Freezing the targeted skin without damaging the healthy skin below is possible because the thin top layer of skin is more sensitive to changes in temperature than the deeper layers of skin.

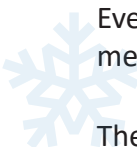
Treatment with cryosurgery

Hydrozid® Hydrozid® is a cryosurgical treatment for solar lentigo, among other uses.

The treatment involves spraying the pressurised gas norflurane on the skin change at a temperature of approx. -50°C, thereby destroying the targeted skin.

Even cryosurgery may require repeated treatment. In these cases, you are recommended to receive treatment again after 1-2 weeks, depending on your therapist’s assessment.

There is no need for anaesthesia during treatment.



During treatment

Hydrozid® will be sprayed directly on the solar lentigo. The frozen area will immediately be visible as a snow-white section. When the solar lentigo is no longer white, the area that was frozen will have thawed, and the treatment can be repeated. If you receive treatment for several solar lentigines, they can be treated at the same time. The treatment takes less than 30 seconds for each solar lentigo.

Treatment with such cold temperatures may cause a slight stinging or burning sensation while the solar lentigo is being frozen. This sensation will subside when treatment stops.

After treatment

The treated area may be slightly irritated, red, tender and swollen immediately after treatment. These symptoms are a natural part of wound healing. Small blisters may subsequently occur in the treated area in rare instances.

Keep the treated area clean by washing it daily with water and non-perfumed soap. You can protect the treated area with a plaster.

The newly formed skin in the treated area is thin, and as a result gets sunburned more quickly. Therefore, use sunscreen when you are out in daylight to avoid sunburn and permanent discoloration in the treated area

Prevent new or worsening of solar lentigines

You can better prevent solar lentigo by avoiding sunbeds and excessive exposure to sun.

The use of sunscreen with high SPF is important to prevent solar lentigo. Persons working outdoors may beneficially wear gloves, sunhat/cap and long-sleeve shirts and long trousers to protect their skin.

Inform your therapist!

For a small number of patients, cryosurgery must be used with caution.

You must therefore let your therapist know if you:

- suffer from poor circulation, for instance due to diabetes.
- have been treated with adrenocortical hormone or inhaled steroids for a prolonged period of time, e.g. in case of systemic scleroderma.
- suffer from cryoglobulinemia, Raynaud's disease, cold urticaria or blood dyscrasias.