

Investigating fillers and Actinic keratoses

Learn more, live better. A Canadian health care professional answers your questions.



Q I am 37 years old. My esthetician shared with me that some women are getting fillers on their face to prevent wrinkles. Do fillers work?

A We can attempt to age gracefully by using topical tretinoin and vitamin C, engaging in good sun protection or avoidance and smoking cessation, among other things. However, many people are unaware of the preventative benefits of botulinum toxins and fillers. In trained and experienced hands, such as those of a dermatologist, these treatments are incredibly safe and effective. The results can look very natural, with no real down-time and minimal discomfort.


Recent studies have shown that the early use of dermal fillers stimulates the production of fibroblasts, which in turn create new collagen. Even when the filler has worn off, most individuals find that the lines are not as deep as they used to be. Starting sooner rather than later with botulinum toxins or fillers will also help prevent lines from “etching in” and being harder to treat

later on. Another added benefit is that preventative use typically requires lower doses of botulinum toxins or fillers, and thus comes at a lower cost.

Q My family physician has told me that I have sun damaged called actinic keratoses on my face and that they are a type precancer. Should I be concerned, and should I ask to be referred to a dermatologist?

A Actinic keratoses (AKs) are the most common precancerous lesions in people. They develop on chronically sun-exposed areas of the body, often in fair-skinned individuals. AKs appear as small red rough spots, which are sometimes sensitive or sore. Approximately one to five per cent of AKs can advance to squamous cell cancers, which in turn may metastasize. Given the tendency of these precancerous lesions to progress to malignant tumors and since it is difficult to predict which AKs will turn into squamous cell carcinomas, it is important that they are recognized and treated early.

AKs can be treated with liquid nitrogen cryotherapy (freezing), topical creams, surgery and photodynamic laser therapy. Prescription creams are used at home, and include 5-FU, 5-FU and salicylic acid, imiquimod and ingenol mebutate. These creams are prescribed to people with multiple or recurring lesions and may need to be reapplied periodically (e.g., once per year). Photodynamic therapy, which is typically performed by a dermatologist, is a common and increasingly popular approach as it treats AK lesions and improves the cosmetic appearance of sun-damaged skin.

Importantly, AKs are a marker of sun damage and appropriate sun-safety measures should be practiced, including sun avoidance, physical protection (i.e., covering the skin and wearing sunglasses) and the use of a broad-spectrum sunscreen with an SPF above 30. Patients with multiple AK lesions or a family history of skin cancer should be referred to a dermatologist, who will offer appropriate treatment options. 

Benjamin Barankin, MD, FRCPC, and Anatoli Freiman, MD, FRCPC, are dermatologists and medical directors of the Toronto Dermatology Centre.



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Canadian Skin Patient Alliance:

15 Capella Court, Unit 109, Ottawa, ON K2E 7X1
Toll Free: 1-877-505-CSPA (2772) ■ E-mail: info@canadianskin.ca

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