Eskata (40% Hydrogen Peroxide Solution) for the Treatment of Seborrheic Keratoses

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"Barnacles", "liverspots", "age spots": Seborrheic keratoses (SKs) have many different names, sizes, and clinical presentations in our patients. The only commonality among SKs is that patients despise them. While patients are initially concerned about their malignant potential, once they are reassured, most patients quickly transition from relief to request: *"Can you get rid of them?"* An observational study conducted across multiple dermatology practices found that SKs have a significant impact on quality of life, causing patients to adopt strategies to cover them and seek treatment for asymptomatic lesions.[1] Given their benign potential, the only reason to remove an asymptomatic raised SK is cosmetic. When doing a cosmetic procedure, the acceptable risk is often lower given that the benefit for treatment is aesthetic. Ideally, a cosmetic intervention would have a wealth of evidence-based data and a favorable side effect profile. Eskata 40% hydrogen peroxide topical solution, the only FDA-approved drug for the treatment of raised SKs, strikes the perfect balance between efficacy and side effect profile.

When topically applied to SKs, the supraphysiologic concentration of hydrogen peroxide in Eskata overcomes the antioxidant defense systems leading to the generation of reactive oxygen species, direct oxidative damage, and eventually apoptosis. Its efficacy was highlighted in two randomized, placebo-controlled trials that compared the safety and efficacy of 40% hydrogen peroxide topical solution for the treatment of SKs.[2] The two trials included 937 patients with 4 SKs who were randomized 1:1 to Eskata or vehicle. At day 106, significantly more Eskata patients achieved complete clearance on all 4 SKs (4% or 8% vs 0%) and 3 of 4 SKs (13% or 23% vs 0%). A post-hoc analysis found the clearance for SKs was higher for the face than other body sites (65% for face versus 46% for trunk and 38% for extremities). Dyspigmentation rates were also lowest among SKs treated on the face.[3] The high response rates with low side effect profile for Eskata treatments on facial SKs are very important given how cosmetically concerning facial lesions tend to be for patients.

Before the FDA approval of Eskata, traditional treatment options included cryotherapy, curettage, and electrodessication. Liquid nitrogen cryotherapy historically was the most common treatment option but had an increased risk of hypopigmentation and hyperpigmentation, especially in patients with skin of color. A recent ex-vivo study performed by Friedman et al. comparing the toxicologic impact of Eskata versus cryosurgery on Fitzpatrick V reconstituted human epidermal equivalents revealed that Eskata promotes greater melanocyte preservation than does cryosurgery.[4] The current available data illustrates how Eskata provides the safest and most efficacious treatment for asymptomatic raised SKs. Its success in clinical practice will be highlighted in the following case studies.

REFERENCES

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