

Efudix® (5-fluorouracil 5%) – Common Dermatologic Uses and Combination Regimens

Condition	Typical Efudix Regimen*	Common Topical Combination(s)	Notes
Actinic keratoses (solar keratoses)	Apply once or twice daily for 2–4 weeks	Calcipotriol (calcipotriene) 0.005% mixed 1:1 with Efudix twice daily for 4–7 days	Gold-standard field therapy for widespread sun damage. Calcipotriol markedly shortens treatment duration while maintaining efficacy.
Field cancerisation (diffuse sun-damaged skin)	Once or twice daily over the entire affected field for 2–4 weeks	Calcipotriol + Efudix short-course regimen	Treats visible and subclinical actinic keratoses simultaneously.
Bowen disease (SCC in situ)	Once or twice daily for 3–6 weeks	Sometimes followed by a mild topical corticosteroid after completion to reduce inflammation	Useful when surgery is undesirable or for large lesions.
Superficial basal cell carcinoma (sBCC)	Once or twice daily for ~6 weeks	Occasionally used under occlusion (specialist-directed)	Suitable only for superficial lesions; nodular BCC generally requires surgery.
Keratoacanthoma	Variable specialist-directed regimen	Usually not combined topically	Less commonly used; surgical management often preferred.
Viral warts (off-label)	Once daily, often for several weeks	Salicylic acid may be added to improve penetration	Used for recalcitrant warts when standard therapies fail.
Disseminated superficial actinic porokeratosis (DSAP)	Once daily or intermittent courses	Sometimes combined with calcipotriol or retinoids by specialists	Off-label use with variable response.
Hypertrophic/thick actinic keratoses	Standard Efudix regimen may be insufficient	Salicylic acid 10% (or commercial 5-FU/salicylic acid formulations)	Keratolytic therapy improves penetration through scale and crust.

*Regimens vary by body site, lesion thickness, patient tolerance, and dermatologist preference.

Common Efudix Combination Strategies

Combination	Purpose	Typical Use
Efudix + Calcipotriol (Vitamin D analogue)	Strong immune activation, shorter treatment course, excellent for field therapy	Actinic keratoses and extensive sun damage. Often twice daily for 4–7 days.
Efudix + Salicylic Acid	Removes scale and improves drug penetration	Thick/hyperkeratotic actinic keratoses and some warts.
Efudix followed by Topical Corticosteroid	Reduces post-treatment inflammation and discomfort	Used after completion of therapy, not usually concurrently.
Efudix under Occlusion	Enhances penetration	Selected Bowen disease or superficial skin cancers under specialist supervision.