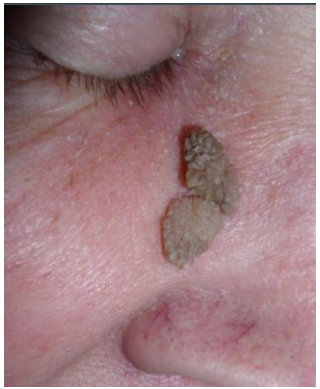
SKIN TUMORS

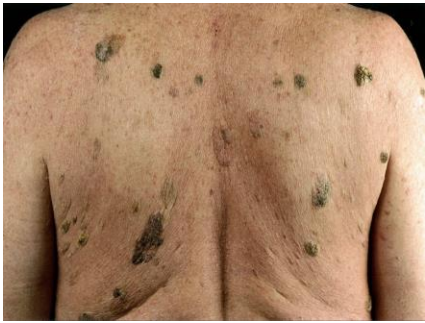
BENIGN SKIN TUMORS

- Pigmented
- Vascular
- Nodular
- Plaques
- Papules

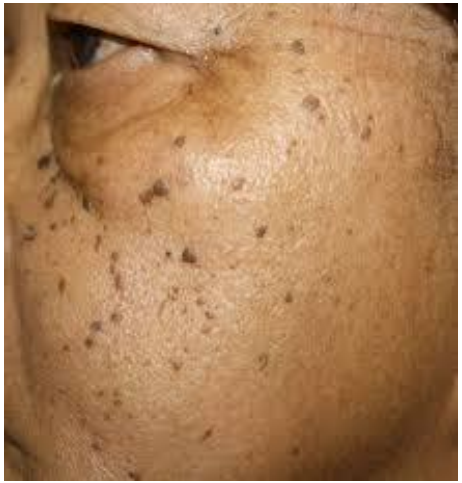
PIGMENTED BENIGN TUMORS
SEBORRHOEIC KERATOSES

- Benign growths of immature keratinocytes
- Increase with aging
- Truck, face, neck
- Sharply demarcated
- Greasy, wax-like and 'stuck on' appearance
- Cryotherapy , laser therapy, or surgical excision if desired for cosmetic reasons or if lesions become symptomatic





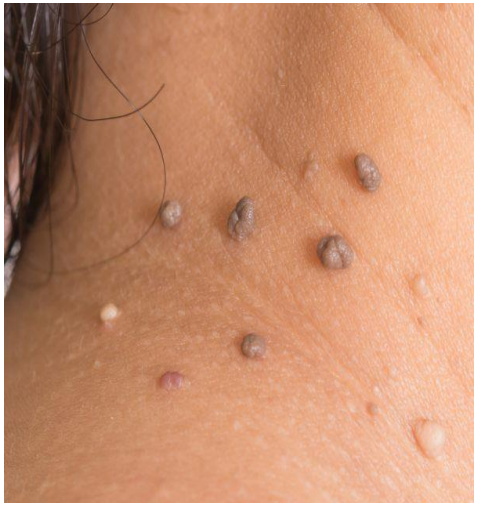
DERMATOSIS PAPULOSA NIGRA



- Multiple small pigmented papules.
- Strong familial tendency, skin type VI people
- Cheeks, forehead, neck and chest.
- Only if cosmetically unacceptable: light electrodesiccation and curettage.
- It always comes back.

ACHROCHORDON (SKIN TAGS)

- Small, soft, slightly discolored, pedunculated skin lesions
- Axillae, neck, groin and under the breasts
- Caused by frequent irritation
- Associated with HPV and endocrine changes (T2DM, pregnancy)
- Perianal achrochordon are associated with Crohn's

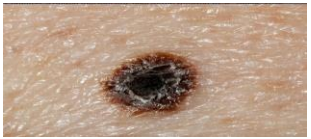


LENTIGINES (FRECKLES)

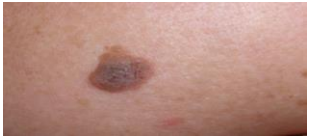
- Flat, brown macular well-demarcated pigmented lesions that usually occur on sun-exposed skin
- Increase production of melanocytes
- fair-skinned people
- Appears in childhood and increase in number with aging

ACQUIRED MELANOCYTIC NEVI

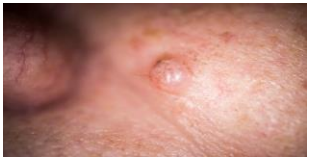
- Junctional nevi: flat, well-demarcated brownish macule growing at the dermal-epidermal junction



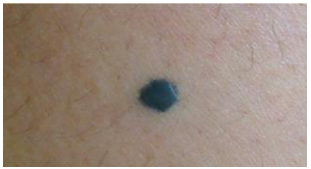
- Compound nevi: arising from a junctional navous, forming pigmented and an elevated lesion



- Intradermal nevi: elevated, non pigmented papular lesion that may be hard

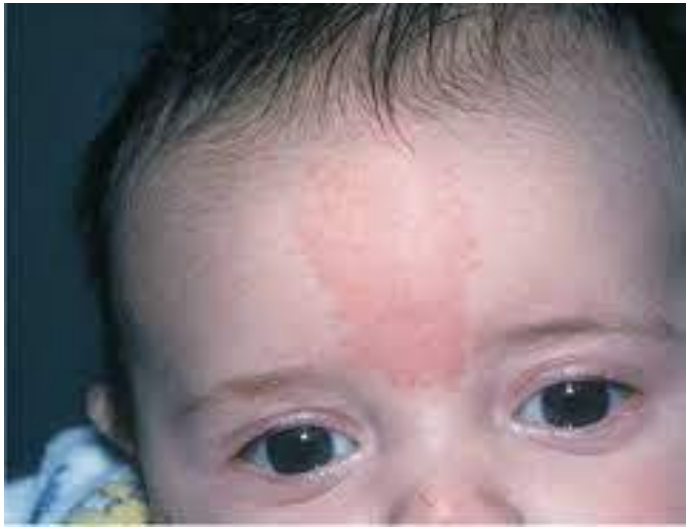


- Blue navi: is a collection of deeply pigmented melanocytes situated deep in the dermis, which accounts for the deep slate-blue color



BENIGN VASCULAR TUMORS

NAEVUS FLAMMEUS NEONATORUM



- ‘salmon patches’ present at birth
- Most commonly at the glabella, eyelids and nape of the neck
- Lesions on the neck persist for life
- facial lesions usually fade or completely disappear by the age of 2 years

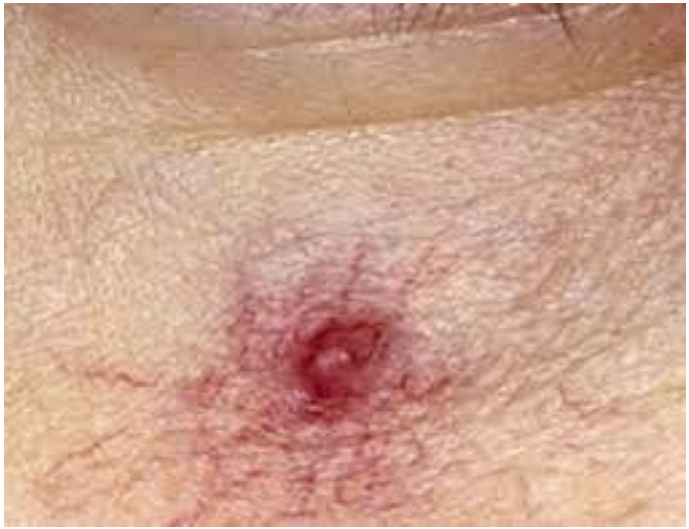
PORT-WINE STAINS

- Capillary malformations of the superficial dermal blood vessels
- Appear at birth mainly on the head and neck
- Pale pink color but darken with increasing age through red to purple
- Unilateral with a sharp midline border
- Sturge-Weber syndrome
- Tx: pulsed-dye laser

CAVERNOUS HEMANGIOMA (STRAWBERRY NEVUS)

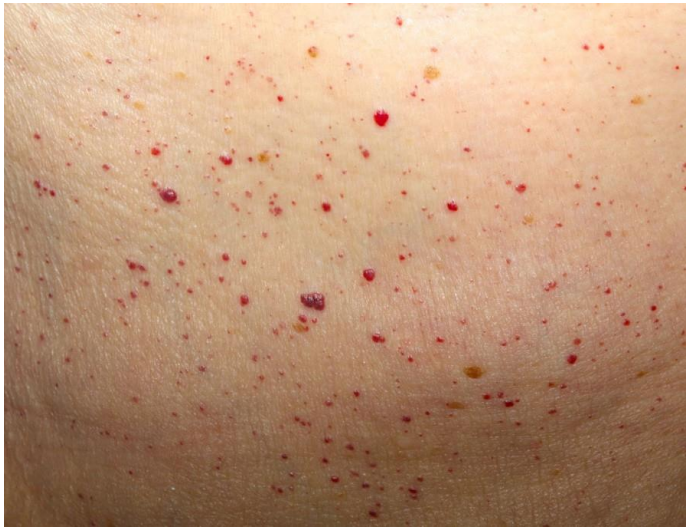
- A benign, vascular tumor caused by abnormal development of vascular endothelial cells
- Red-blue papule or macule
- 10% of infants
- Typically involutes slowly within a few years
- If bleed, ulcerate, interferes with visual development: Tx with propranolol, laser treatment, prednisolone and sclerotherapy

SPIDER NAEVI



- Central vascular papule with fine lines radiating from it
- More common in children and women
- Large numbers may raise the possibility of liver disease or an underlying connective tissue disorder such as systemic sclerosis
- Tx; pulsed dye laser or hyfrecation

CHERRY HEMANGIOMA (CAMPBELL DE MORGAN SPOTS)

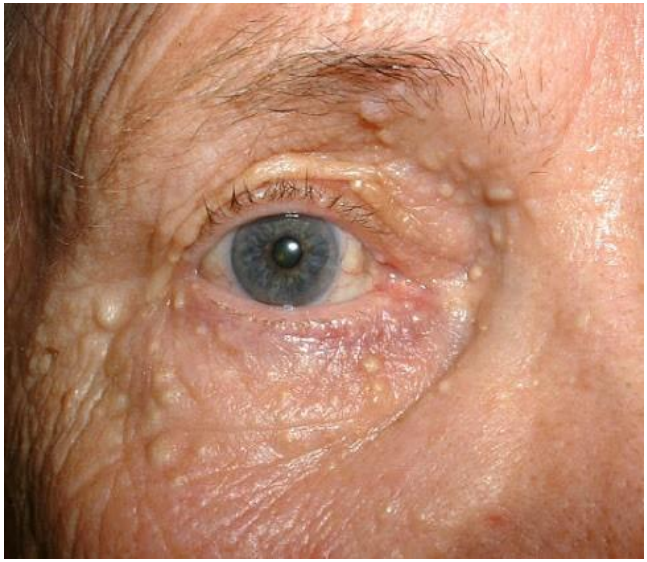


- Benign proliferation of dilated mature capillaries
- Bright cherry red, dome-shaped papule or macule that may appear purple with time (0.5–6 mm in diameter)
- Usually on the trunk and upper extremities
- Multiple lesions
- Complications: profuse bleeding after trauma

PYOGENIC GRANULOMA

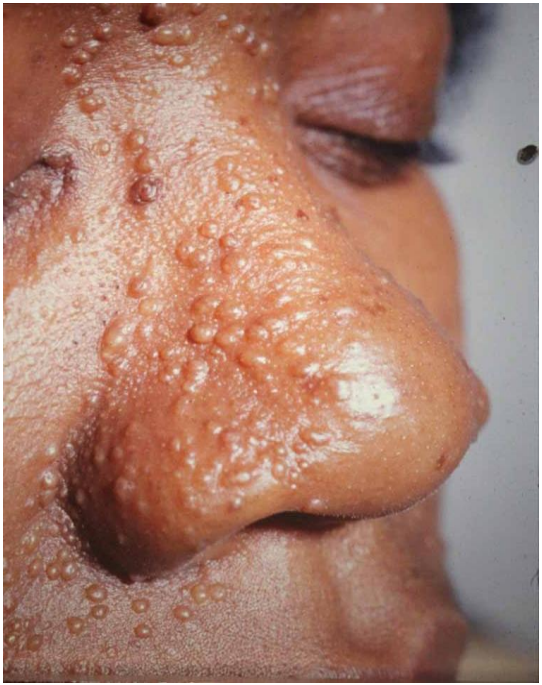
- Benign vascular tumor characterized by rapid growth and tendency to bleed easily
- Not infectious
- Grows rapidly and easily bleeds with minor trauma
- Soft, round, bright red tumor
- Develops at a site of skin injury on the face or hands
- Tx; removed surgically by curettage and cautery

BENIGN TUMOR PAPULES



SYRINGOMAS

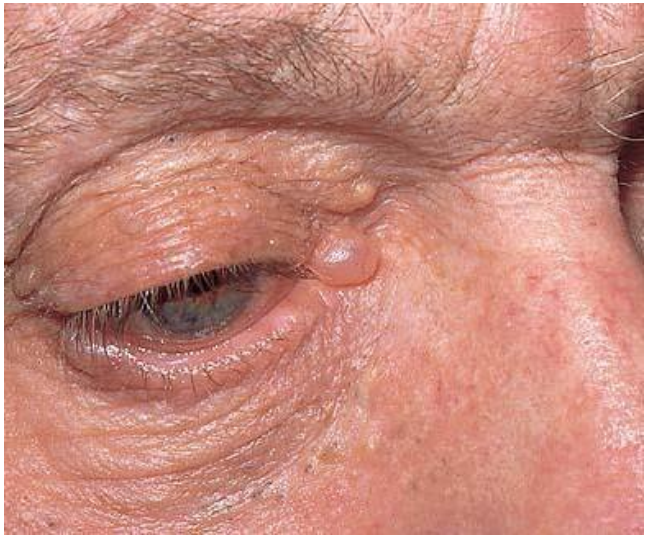
- Benign adnexal tumors of the eccrine glands
- Multiple, slow-growing, small and flesh colored
- Appear on the face, trunk and groin region
- Treatment on cosmetic grounds is surgical with shave removal or cautery of the lesions.



TRICHOEPITHELIOMAS

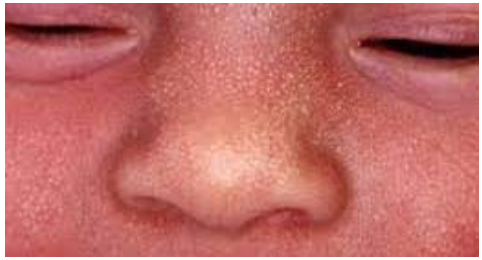
- Benign, rare adnexal tumours of hair follicle origin
- Appears on face and scalp
- Skin-colored, firm papule
- May occur as single or multiple lesions
- Tx; Surgical removal or laser treatment for cosmetic purposes

APOCRINE HIDROCYSTOMA



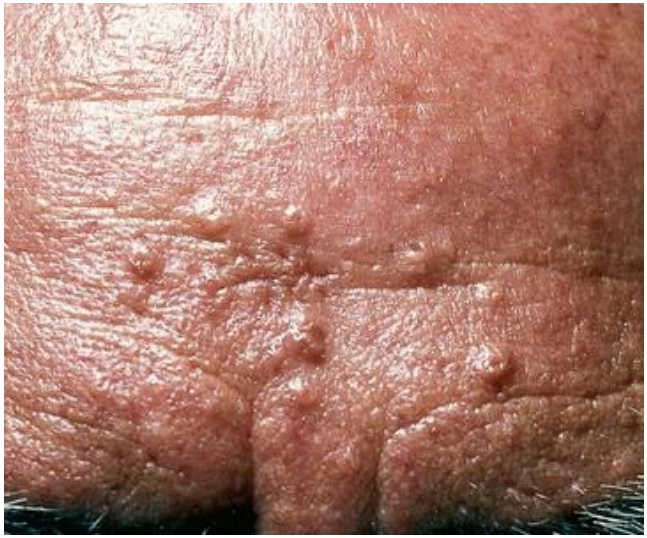
- Benign adnexal tumours of apocrine glands
- Papules or nodules around the eyes
- Solitary or multiple
- translucent or pale through to black (lipofuscin pigment)

MILIA



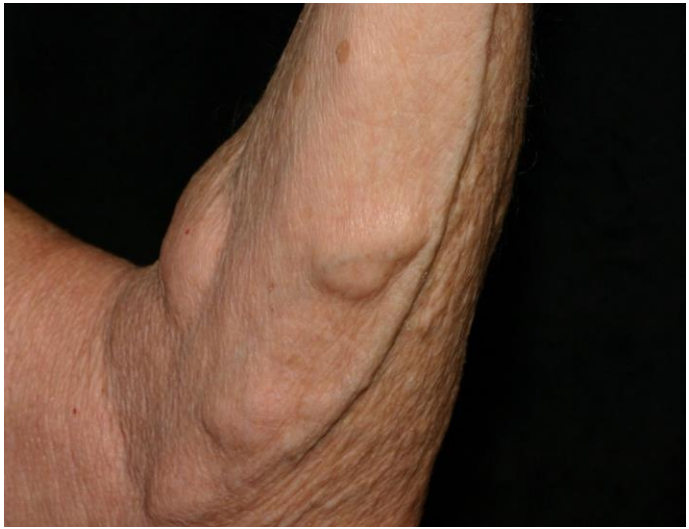
- Transient, papular exanthema following exposure to heat
- Small keratin cysts consisting of small white papules
- Blockage of the eccrine sweat ducts in hot and/or humid environments
- Usually in new-borns and can appear after skin trauma or inflammation
- No treatment required, but can be removed with a sterile needle

SEBACEOUS GLAND HYPERPLASIA



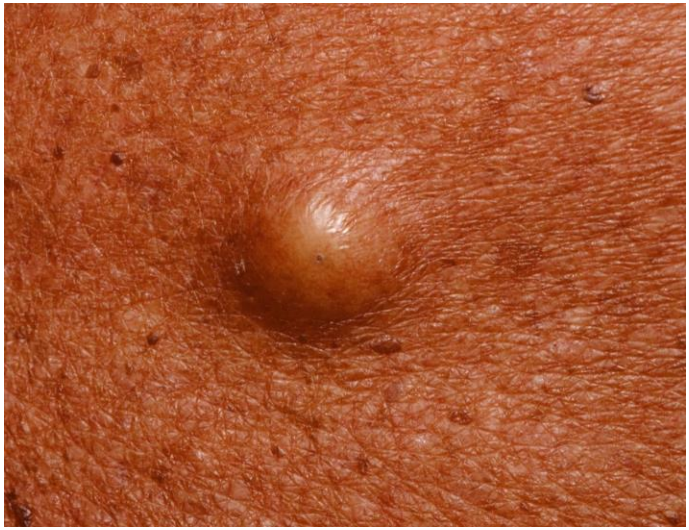
- Benign hamartomatous enlargement of the sebaceous glands
- Turnover of sebocyte cells within the glands decreases with increasing age, leading to hyperplasia
- Immunosuppressed patients with ciclosporin
- Muir–Torré syndrome

BENIGN TUMOUR NODULES
LIPOMA



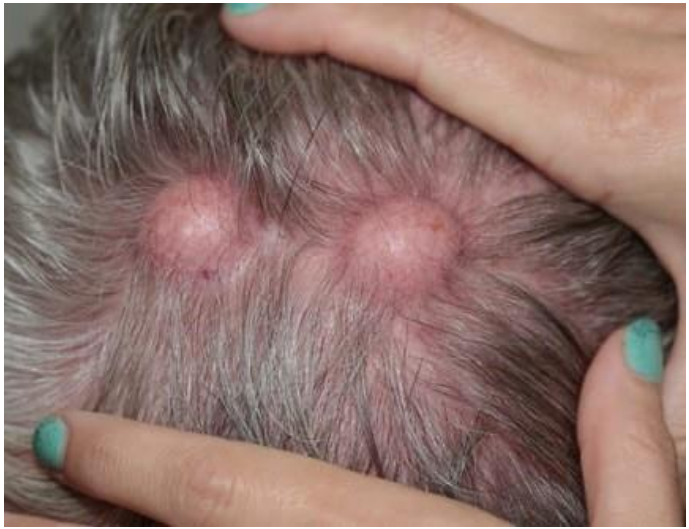
- Common benign tumor of subcutaneous soft-tissue, made up of mature fat cells
- Slow-growing round, soft, rubbery tumor
- Typical locations are head, neck, shoulders, and back
- Asymptomatic
- Surgical excision can be considered in (pain, cosmetic, grow rapidly or firm on palpitations)

EPIDERMOID CYSTS



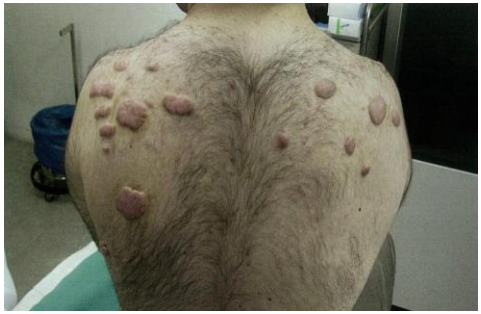
- Soft, well-defined, mobile, firm, painless nodules
- Lined by stratified squamous epithelium and contains keratin
- There may be an obvious central punctum
- They may become inflamed or infected causing discomfort and discharge
- Tx; completely excised or removed by punch extrusion

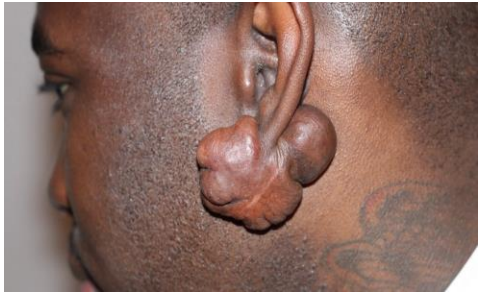
PILAR CYSTS



- Resemble epidermoid cysts but they do not have a punctum
- Derived from hair follicles
- Appears on scalp, multiple

KELOID SCARS





- Benign tumour of dermal fibroblasts that form at the sites of skin trauma
- increased synthesis and unorganized deposition of collagen type I and III and fibroblasts proliferation
- Brownish-red scar tissue of varying consistency (soft or hard) with claw-like appearance that grows beyond the boundaries of the original lesion, pruritus, pain
- Don't regress
- Treatment
  - Medical therapy
    - First-line treatment: intralesional steroids injection → ↓ scar thickening, and relieves pain and pruritus, if present
    - Silicone gel sheets
    - Compression therapy
  - Surgery
    - Cryotherapy
    - Laser treatment
    - Surgical excision (may be combined with radiotherapy)
    - Light therapy

Premalignant and Malignant skin tumors

●Introduction :

→ Benign Vs. Malignant

→ Most common type of cancers

→ Sun exposure → Important role

→When to suspect changing to Malignancy ?
-Suddenly grow rapidly
-Becomes Painful
-Becomes inflamed

● Premalignant skin tumors:
- Actinic Keratosis (AK)
- Bowen's Disease

● Malignant skin Tumors :
- Basal cell carcinoma (BCC)
- Squamous cell carcinoma (SCC)

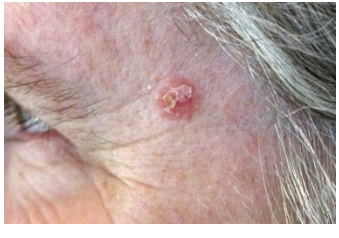
● Mole/naevi Benign or Malignant???

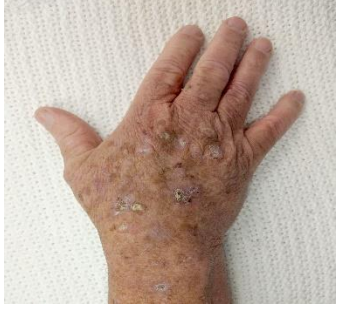
● Melanoma

● Cutaneous Lymphoma

Actinic Keratosis (AK)

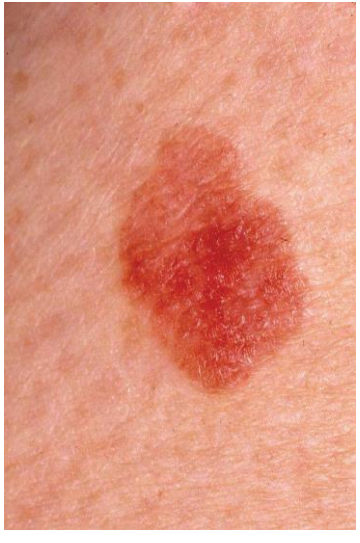
- dry scaly patches of skin that have been damaged by the sun.
- Occurs in exposed skin (face, bald scalp and dorsal hands) → Outdoors workers.
- Irregular edge and less than 1cm
- Histologically, AKs have altered keratinization, which may lead to dysplasia and eventually invasive squamous cell carcinoma (SCC).
- Mx: Cryotherapy → Cure rates 70%





Bowen's Disease

- It is SCC carcinoma in situ, SCC occurs in the epidermis with no evidence of dermal invasion.
- Elderly.
- Trunk and limbs.
- Risk factors: (solar radiation, HPV16, radiotherapy and arsenic ingestion)
- Clinical features: 1.well-defined, erythematous patches with slight crusting 2. Lesions enlarge slowly and may reach up to 3 cm in diameter
- Dx: Biopsy
- Tx: excision, curettage and cautery, cryotherapy, 5-FU, imiquimod 5% and PDT

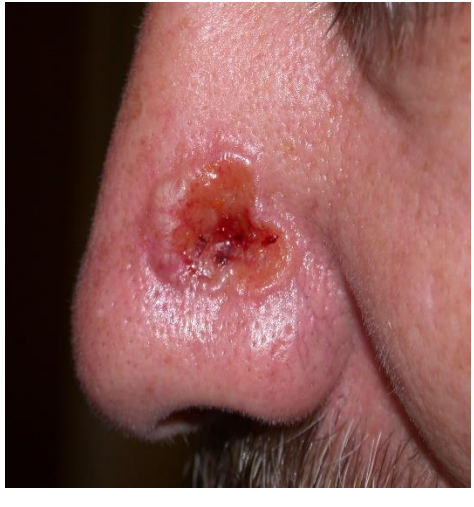


Basal cell carcinoma (BCC)

- Most common type of skin cancer
- Rolled edge
- Risk factors:

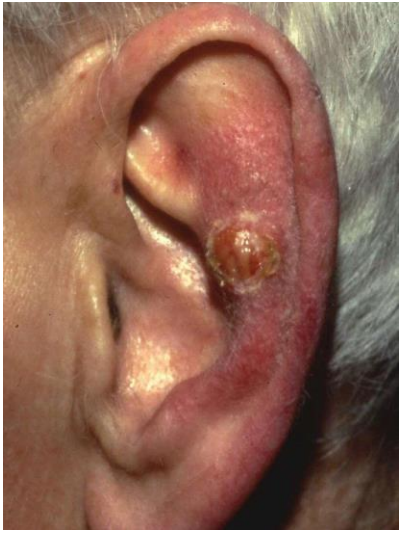
1. Age
2. Fair skin
3. UV exposure
4. Radiation
5. Immunosuppression
6. History of BCC ← Gorlin's syndrome.

- Many types of BCC → Biopsy.
- Tx: Surgical excision with clear margins.



Squamous cell carcinoma (SCC)

- Second most common form of skin cancer after BCC.
- Dysplastic proliferation of the keratinocytes
- De novo or from an existing lesion (AK or Bowens')
- Same risk factors as BCC + Chronic scars or ulcers (Marjolins' ulcer) /Immunosuppressed –HPV PTs
- usually nodular with surface changes including crusting, ulceration, or the formation of a cutaneous horn.
- No need for metastasis work up in both BCC and SCC except in very large lesions. (check always regional lymph nodes for local metastases)
- Tx: Surgical excision with 4-6mm margin.



Mole / Naevi Benign or Malignant ???

Before we talk about melanoma, How do you differentiate between benign and malignant nevus?

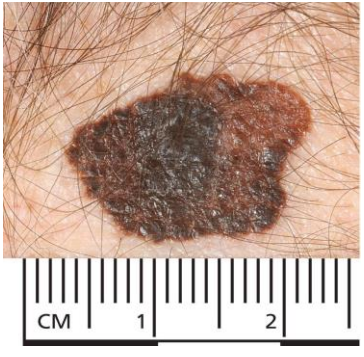
Naevus (mole) = nest => Proliferation of Melanocytes

By ABCDE approach, Why to know?
Because 50% of superficial spreading melanomas arise from preexisting mole.

A: Asymmetry (Draw lines from center)
B: Border
C: Color..... Variation of color raise the suspicion of malignancy
D: Diameter... exception is large congenital nevi
E: Evolving (increase in size)

Hairy lesions??

* Hairy nevi usually aren't malignant, but they increase the risk of malignancy.



Melanoma

- Invasive malignant tumor of melanocytes
- 4% of skin tumors, but responsible of 75% of skin cancers deaths (Most serious)
- Risk factors: (solar radiation, light skin tones, poorly tanning skin, red or fair-coloured hair, light-coloured eyes, female sex, older age, a personal or family history of melanoma, and congenital defect of DNA repair (xeroderma pigmentosum). giant congenital melanocytic naevi, multiple common moles, actinic lentigines, and change in a mole)
- Prognosis depends on the depth to which the melanoma has penetrated below the base of the epidermis (Breslow thickness)
- Ulceration, lymph node involvement and skin metastases are associated with a poorer prognosis

●Mx + Tx :

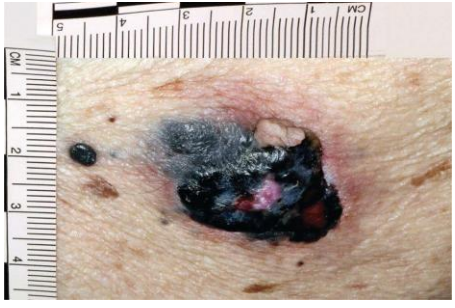
- First step is excisional biopsy with just 2mm free margin
- Then, wide local excision margins will be guided by the Breslow thickness (determined histologically) as well as any potential risk for lymph node involvement.
- If no lymph nodes are palpable but the Breslow thickness is greater than 1 mm, then the patient may be offered sentinel lymph node biopsy (SLNB)
- Patient with stage 4 disease could have one of the followings: immunotherapy, targeted therapy, cytotoxic chemotherapy and melanoma vaccine (trial therapy)

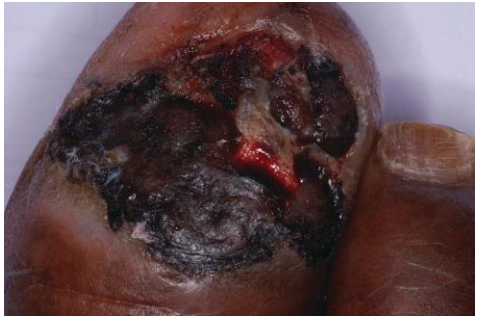
Types of Melanoma

Types of Melanoma (5x)

- Superficial Spreading melanoma (most common)
- Lentigo maligna melanoma
- Nodular melanoma
- Acral melanoma
- Amelanotic melanoma

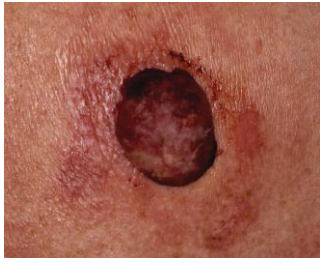
Superficial Spreading melanoma





Acral melanoma

Amelanotic melanoma



Cutaneous Lymphoma

● results from abnormal T or B lymphocytes invading the skin.

● Most common type of CTCL is mycosis fungoides (MF)
Scaly erythematous patches / plaques on the skin esp. trunk and buttock area / may be itchy or asymptomatic
Tx: mild topical steroid or antifungal creams.
Lesion remain stable for many years but eventually may transform to tumor stages disease.

●Mx : depends on the type , but general rule → low grade solitary lesion => surgical excision / Multiple lesion => Chemotherapy.

THANK YOU