

BENIGN SKIN LESIONS OF SURGICAL IMPORTANCE

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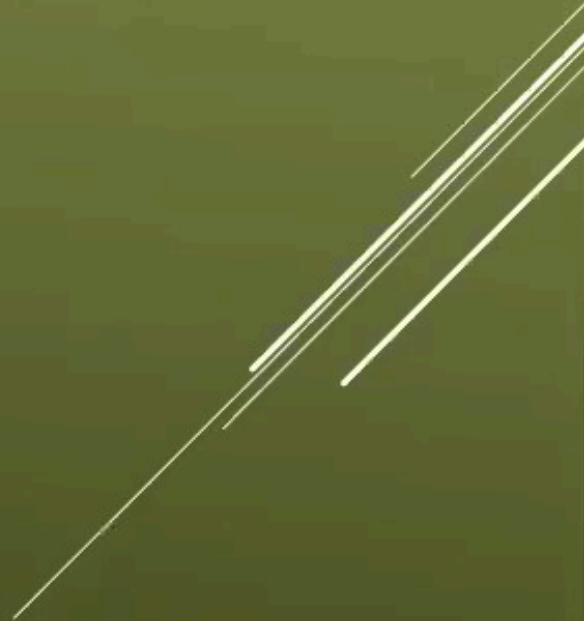
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GENERAL CLASSIFICATION OF SKINS LESIONS

1. BENIGN

2. MALIGNANT

A series of parallel diagonal lines in a light green color, located in the bottom right corner of the slide.

Definations

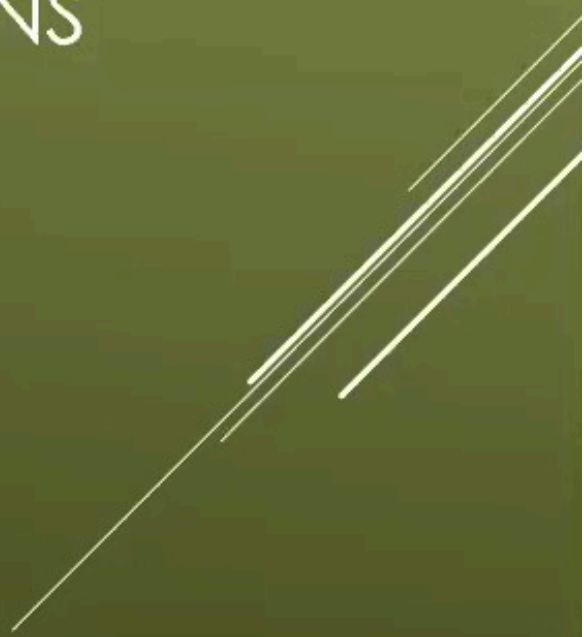
MACULES – Flat circumscribed lesion

PAPULE – Raised lesion less than 0.5mm diameter

PLAQUE – Raised lesion in which the surface area is significantly greater than the height

NODULES – Raised lesion larger and thicker than papule

CLASSIFICATION OF SKIN LESIONS

1. EPIDERMAL LESIONS
 2. NEVOCELLULAR (MELANOCYTIC) LESIONS
 3. EPIDERMAL APPENDIGE LESIONS
 4. CYSTS
 5. DERMAL LESIONS
 6. MISCELLANEOUS
- 
- A series of three parallel, light-colored diagonal lines extending from the bottom right corner towards the center of the slide.

EPIDERMAL LESIONS

1. Epidermal Nevus (linear nevus)
2. Inflammatory Linear Epidermal Nevus
3. Seborrheic Keratosis
4. Acitinc Keratosis
5. Lentigo

NEVOCELLULAR (MELANOCYTIC) LESIONS

1. Nevus of Ota
2. Nevus of Ito
3. Nevus Spilius
4. Spitz Nevus (Benign Juvenile Melanoma)
5. Junctional Nevus
6. Compound Nevus
7. Intradermal Nevus
8. Common Blue Nevus
9. Cellular Blue Nevus
10. Atypical (Dysplastic) Nevus

LESIONS DERIVED FROM EPIDERMAL APPENDAGES (Sebaceous glands, Hair follicles & Eccrine glands)

1. Pilomatixoma
2. Trichoepithelioma
3. Cylindroma (Tomato tumour/Turban tumour)
4. Eccrine Poroma
5. Syringoma
6. Nevus Sebaceous (of Jadassohn)
7. Sebaceous Adenoma
8. Sebaceous Hyperplasia

CYSTS

- ▶ Epidermal Cysts (Epidermal Inclusion Cysts)
 - ▶ Dermoid Cyst
 - ▶ Trichillemmal Cyst (Pilar cyst)
- 

DERMAL LESIONS

1. Dermatofibroma
2. Lipoma
3. Dermatofibrosarcoma
Protuberans
4. Neurofibroma

MISCELLANEOUS

1. Granuloma Annulare
 2. Calciophylaxis
 3. Hydradenitis Suppurativa
- 
- A series of several thin, parallel white lines that originate from the bottom right corner and extend diagonally upwards and to the left, creating a sense of motion or a graphic element.

TECHNICAL CONSIDERATIONS OF CUTANEOUS BIOPSY

PLANNING – Biopsy incision lines should lie parallel to RSTLs or Langers Lines. Excision should be to level of subcutaneous fat.

ANAESTHESIA – LA eg Lidocaine with or without epinephrine

BIOPSY TECHNIQUES –

Fusiform/Elliptical Biopsy (Incision),
Punch Biopsy (Ideal for small lesions -
2 to 6mm) & Shave Biopsy (For
lesions with low malignant potential)

SOME EXAMPLES OF BENIGN SKIN LESIONS

- ▶ BASAL CELL PAPILLOMAS
- ▶ PAPILLARY WART
- ▶ FRECKLE
- ▶ LENTIGO
- ▶ NAEVI/MOLES
- ▶ HALO NAVUS
- ▶ CAFÉ AU LAIT SPOTS

BASAL CELL PAPILLOMA

SOFT WARTY LESIONS, PIGMENTED AND HYPERKERATOTIC IN
BASAL LAYER

PAPILLARY WART

BENIGN SKIN TUMOURS HPV

FRECKLE

NORMAL NUMBER OF MELANOCYTES WITH INCREASE
PRODUCTION

LENTIGO

- ▶ SHARPLY CIRCUMSCRIBED PIGMENTED MACULES
- ▶ MAY AT TIMES ASSOCIATED WITH PEUTZ JEGHERS SYNDROME

MOLES/NAEVUS

- ▶ MOLES/NAEVUS ARE LAYERED OR AGGREGATES OF MELANOCYTES IN EPIDERMIS

BASAL CELL PAPILLOMAS



PAPILLARY WART



FRECKLE



LENTIGO (Lentigines)



NAEVI (MOLES)



HALO NAVEUS



CAFÉ AU LAIT SPOTS



PREMALIGNANT LESIONS

- ▶ ACTINIC KERATOSES
- ▶ CUTANEOUS HORN
- ▶ KERATOACANTHOMA
- ▶ BOWENS DISEASE
- ▶ EXTRA MAMMARY PAGETS DISEASE
- ▶ GIANT HAIRY NAEVUS
- ▶ DYSPLASTIC NAEVUS

ACTINIC KERATOSES

- ▶ DYSKERATOSIS WITH CELLULAR ATYPIA
- ▶ 20% SCC

CUTANEOUS HORN

- ▶ CUTANEOUS ACCUMULATION (HEIGHT GREATER THAN BASE)
- ▶ 10% SCC

▶ KERATOACANTHOMA

- ▶ CUP SHAPED GROWTH PLUG OF KERATIN
- ▶ M>F, 50-70 YR, ON FACE
- ▶ PAPPILLOMA VIRUS, SMOKING, CHEMICAL CARCINOGENIC
- ▶ SURGICAL EXCISION

ACTINIC KERATOSES



CUTANEOUS HORN



KERATOACANTHOMA



BOWENS DISEASE

- ▶ SCC IN SITU
- ▶ CHRONIC SOLAR DAMAGE, ARSENIC EXPOSURE, HPV 16
- ▶ SLOW ENLARGING ERYTHMATOUS PATCH OR PLAGUE
- ▶ TOPICAL THERAPY 5-FLUOROURACIL
- ▶ SURGICAL EXCISION 4MM
- ▶ MOHS MICROSCOPIC SURGERY

EXTRAMAMMARY PAGETS DISEASE

- ▶ INTRA DERMAL ADENOCARCINOMA
- ▶ GENITAL OR PERIANAL REGION OR AXILLA
- ▶ SURGICAL EXCISION

BOWENS DISEASE



EXTRAMMARY PAGETS DISEASE



GIANT CONGENITAL PIGMENTED NAEVUS

PRECURSORS FOR MM

MORE LIKELY WITH AXIAL LESIONS

MULTIDISCIPLINARY MANAGEMENT

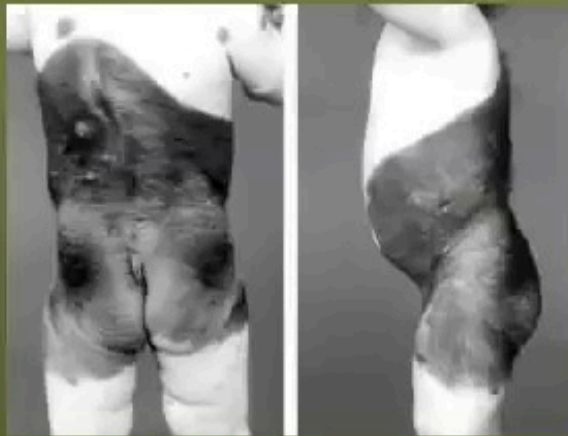
PERINATAL CURETTAGE, DERMABRASION, LASER RESURFACING,
SURGICAL EXCISION WITH SKIN GRAFTS

DYSPLASTIC NAEVUS

IRREGULAR PROLIFERATIONS ATYPICAL MELANOCYTES

AT BASAL LAYER OF EPIDERMIS

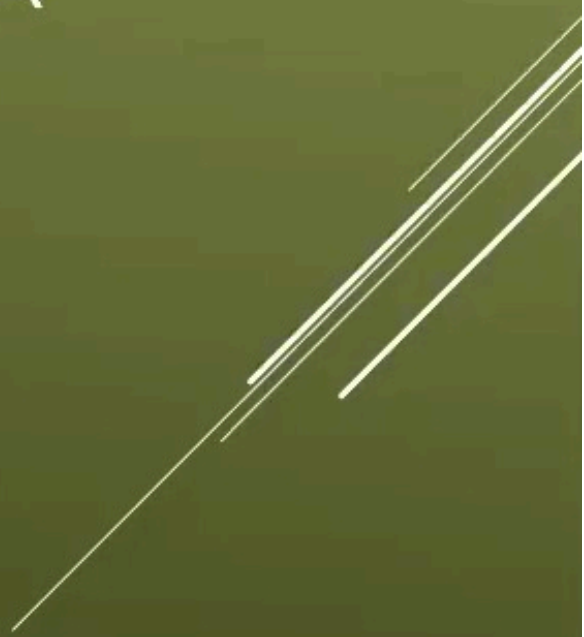
GIANT CONGENITAL PIGMENTED NAEVUS



DYSPLASTIC NAEVUS



COMMON MALIGNANT LESIONS

- ▶ BASAL CELL CARCINOMA
 - ▶ SQUAMOUS CELL CARCINOMA
 - ▶ MALIGNANT MELANOMA
- 

ACTINIC SOLAR KERATOSIS	20% S CC
CUTANEOUS HORN	10" % SCC
KERATOACHANTHOMA	SCC
BOWENS DISEASE	3-11% SCC
EXTRA MAMMARY PAGETS	25% SCC
GIANT CONGENITAL PIMENTED NAEVUS	3-5% MM

THE END
THANK YOU

