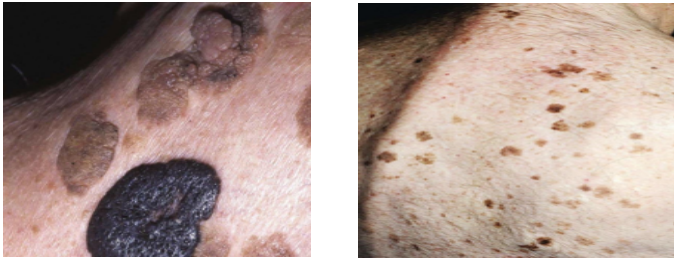


## Pigmented benign tumors

	clinical presentation	site	etiology	notes
Seborrheic keratoses	<p>1- warty dull surface often with keratin plugs</p> <p>2- 0.5 to 3.0 cm in diameter</p> <p>3- from pale tan through to dark brown</p> <p>4- raised above the surrounding skin to give a 'stuck on' appearance.</p> <p>5- well-defined edge</p>	trunk, face, and neck	-	more common with increasing age
Dermatosis papulosa nigra (DPN)	1- multiple small pigmented papules	cheeks, forehead, neck, and chest.	developmental defect in the follicular unit	<p>1- very common in individuals with skin type VI ( black people )</p> <p>2- there is a strong familial tendency towards the condition</p>
Lentigines (freckles)	<p>1- small macular well-demarcated pigmented lesions</p> <p>2- pale tan to almost black, which usually corresponds to</p>	usually occur on sun-exposed skin	-	<p>1- In contrast to moles where the melanocytes form nests (naevi), the melanocytes in lentigines line up along the basement membrane</p> <p>2- Benign lentigines</p>

	<p>the amount of melanin pigment produced by the increased number of melanocytes</p>			<p>may also occur on the lip and genital mucosa</p> <p>3- 2 important syndromes:</p> <p>A.LAMB(labial lentigines, atrial myxoma, mucocutaneous myxomas, and blue naevi)</p> <p>B.LEOPARD syndrome (lentigines on the neck and trunk, electrocardioconduction defects, ocular hypertelorism, pulmonary stenosis, abnormal genitalia, retardation of growth and deafness)</p>
<p>Skin tags</p>	<p>1- usually straightforward to diagnose</p> <p>2- may be pigmented</p> <p>3- multiple</p>	<p>sites of occlusion where the skin may be rubbed by skin or clothing/jewelry in the axillae, neck, groin, and under the breasts</p>	<p>-</p>	<p>If they are catching on clothing and so on, they can be removed</p>

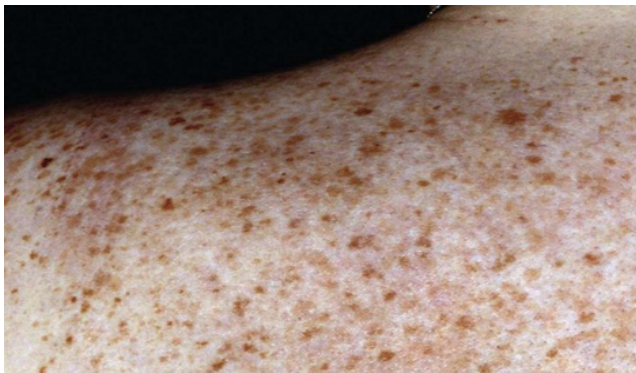
Seborrheic keratoses



Dermatosis papulosa nigra (DPN)



Lentigines (freckles)



Skin tags



**Melanocytic naevi**

	clinical presentation	site	etiology	notes
Congenital melanocytic naevi	<p>1- from pale brown to black</p> <p>2- grow in proportion to the growth of the child</p> <p>3- With increasing age develop hair and become more protuberant</p> <p>4- could be: small; less than 1.5 cm, medium; 1.5–19.9 cm, large; 20–40 cm and giant; greater than 40 cm in diameter</p>	-	Congenital naevi are hamartomas that are thought to result from an anomaly of melanocyte development or migration (somatic BRAF V600E mutation)	<p>Giant congenital nevi:</p> <p>A.Majority of them have the somatic gain-of-function mutations in NRAS</p> <p>B.More likely to undergo malignant change ( change in size, colour, border, and development of new satellite lesions )</p>
Mongolian blue spots (Congenital dermal melanocytosis)	macular and large and may be multiple	usually present on the back	-	<p>1- most common in black and Asian skin</p> <p>2- The lesions usually fade by age two years</p>
Acquired melanocytic nevi (solar radiation and a genetic susceptibility)				
Junctional naevi	flat macules	-	melanocytes proliferating into nests that sit along the dermoepidermal junction	-

Intradermal naevus	1- raised from the skin surface 2- frequently non-pigmented	commonly occur on the face	nests of melanocytes are found within the dermis alone	-
Compound naevi	1- raised and pigmented 2- surface of the naevus may be thrown into folds (papillary appearance)	-	clusters of melanocytes at the dermoepidermal junction and within the dermis	-
Blue naevus	raised deep slate-blue nevaei	-	benign collection of deeply pigmented melanocytes situated deep in the dermis	-
Spitz naevus	fleshy pink or pigmented papule	face or lower legs	composed of large spindle cells and epitheloid cells with occasional giant cells	histologically can resemble melanoma
Halo naevus	melanocytic naevus with a surrounding halo of depigmentation	-	antibodies against melanocytes	-
Becker's naevus	1- increased pigmentation of the skin affected 2- increased hair growth	upper trunk or shoulders	androgen stimulation has been hypothesised as the cause	more common in males and most frequently appear around puberty

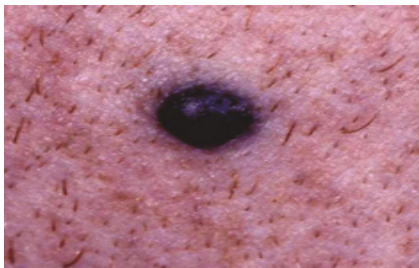
Congenital melanocytic naevi & Mongolian blue spots



Junctional naevi & Intradermal naevus & Compound naevi



Blue naevus



Spitz naevus & Halo naevus & Becker's naevus



**Benign vascular tumours**

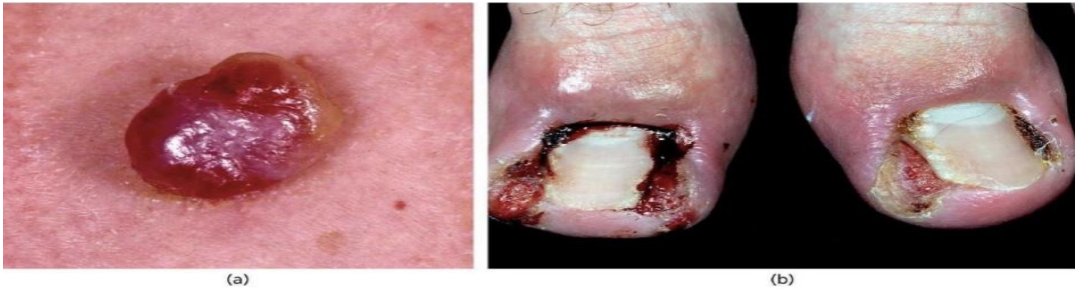
	clinical presentation	site	etiology	treatment	notes
Naevus flammeus neonatorum	salmon patches	glabella, eyelids, and nape of the neck ( neck lesions persist for life/ facial lesions usually fade or completely disappear by the age of two years)	-	-	-
Port wine stains	1- initially pale pink colour but darken with increasing age through red to purple  2- increase in size proportionally with the growth of the child and tend to persist  3- usually unilateral with a sharp midline border  4- present at birth	head and neck	capillary malformations of the superficial dermal blood vessels	pulsed dye laser	1- Sturge–Weber syndrome: If the area supplied by the ophthalmic or maxillary divisions of the trigeminal nerve is affected, there may be associated angiomas of the underlying meninges with epilepsy  2- Klippel–Trenaunay syndrome: associated with limb overgrowth and varicosities

					3- Parkes–Weber syndrome: Klippel–Trenaunay syndrome + arteriovenous fistulae
Infantile haemangiomas	<p>1- strawberry naevi and are true benign vascular neoplasms</p> <p>2- appear at birth or during the first few weeks of life</p> <p>3- rapidly enlarge at around six months of age</p> <p>4- The lesions resolve spontaneously in time</p>	-	may arise from endothelial cells breaking away from the placenta	<p>do not require intervention unless recurrently bleeding/ulceration or interference with visual development occurs</p> <p>1- propranolol 2- prednisolone</p>	<p>Risk factors:</p> <p>1- female infant 2- pre-term/low birth weight 3- older mother 4- multiple gestations 5- placental anomalies/bleeding</p>
Spider telangiectasia (angiomata)	central arteriole with fine radiating 'legs' (smaller vessels)	-	<p>1- Physiologically: common in children and women</p> <p>2- Large numbers may raise the possibility of liver disease or an underlying connective tissue disorder</p>	pulsed dye laser	-

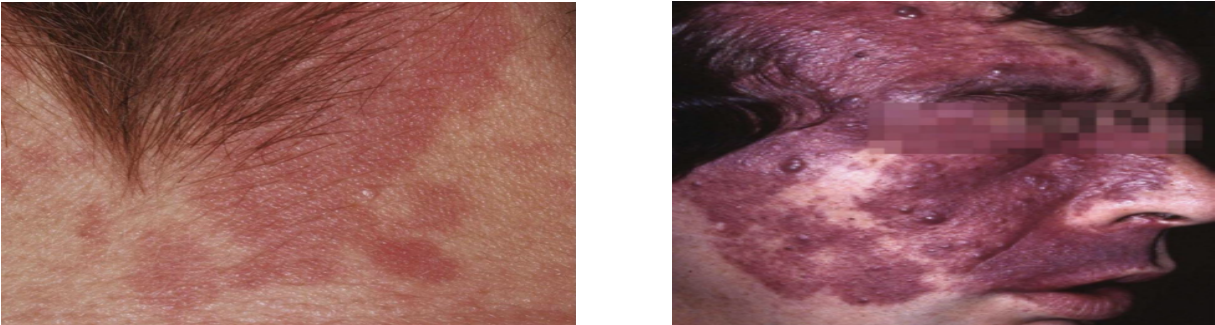


Campbell de Morgan spots	1- cherry angiomas  2- discrete multiple red papules 1–5 mm in diameter	most frequently on the trunk	mature capillary proliferations	-	-
Pyogenic granuloma	single vascular lesion that grows rapidly and easily bleeds	often on the digits	1- Lesions may arise at the site of trauma  2- If multiple eruptive; can be secondary to medications such as oral retinoids and tacrolimus	Although benign, pyogenic granulomas need to be removed surgically by curettage and cautery	differentiate from amelanotic melanoma, which may have a similar clinical appearance

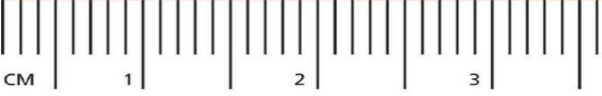
Pyogenic granuloma



Naevus flammeus neonatorum & Port wine stain



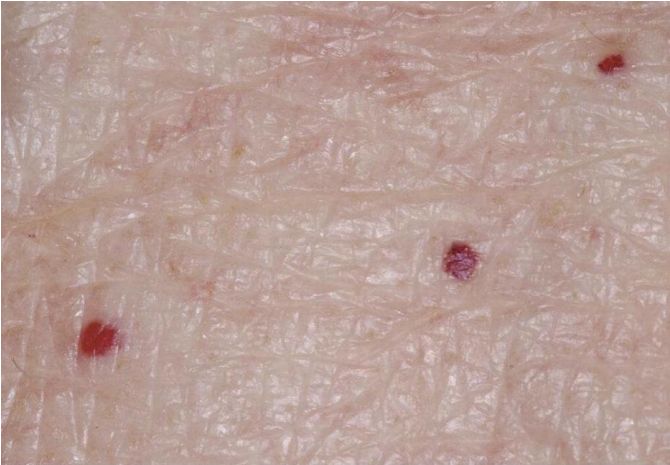
Infantile haemangiomas & Spider telangiectasia & Campbell de Morgan angiomas



(a)



(b)



**Benign tumor papules, nodules & plaques**

	clinical presentation	site	etiology	notes
<b>Papular</b>				
Syringomas	multiple, slow-growing, small and flesh-coloured	usually appear on the face	adnexal tumors of the eccrine glands	appear around puberty
Trichoepitheliomas	resemble syringomas	face and scalp	adnexal tumors of hair follicle origin	-
Apocrine hidrocystoma	1- papules or nodules  2- from translucent to black in terms of pigmentation	around the eyes	adnexal tumors of apocrine glands	-
Milia	small white papules	cheek and eyelids	small keratin cysts	secondary milia may occur following skin trauma or inflammation
Sebaceous gland hyperplasia	small papules	-	hamartomatous enlargement of the sebaceous glands and not a tumor (Turnover of sebocyte cells within the glands decreases with increasing age, leading to hyperplasia)	particularly prominent in patients who are immunosuppressed with cyclosporin or has Muir–Torré syndrome
<b>Nodular</b>				
Lipomas	1- slow-growing 2- single or multiple	-	congenital or acquired subcutaneous	cause pain when they are associated with

	3- asymptomatic		tumors of fat	Dercum's disease (postmenopausal women who may be obese, depressed, or alcoholic with multiple painful lipomas on the lower legs)
Epidermoid cysts (sebaceous cyst)	soft, well-defined, mobile swellings with an obvious central punctum	face, neck, shoulders, or chest	proliferation of epidermal cells in the dermis derived from the hair follicle	When inflamed or infected cause discomfort and discharge (thick yellow material that has a bad odor)
Pilar cysts	resemble epidermoid cysts, but they do not have a punctum	scalp	derived from hair follicles	-
Pilomatrixoma	hard slow-growing lump	head & neck	benign tumor of the hair matrix	mostly in child (can also occur in adults)
Poromas	nodular lesions that are flesh-coloured slow-growing, and may be painful	-	apocrine or eccrine-derived benign tumors of the skin	Rarely these lesions undergo malignant transformation. Surgical excision of poromas is the treatment of choice.
Keloid scar	1- proliferate beyond the site of injury 2- do not regress 3- common in pigmented skin and younger age	mentioned in the etiology	tumor of dermal fibroblasts that form at the sites of skin trauma – which may be minor such as a graze/burn, or secondary to inflammatory conditions	-

Plaques

Naevus sebaceous	warty, well-defined plaque of 0.5–2 cm in diameter	scalp	Very large lesions may be associated with internal disorders	1- Present at birth or appear during childhood and slowly increase in size 2- In neonates, may present as a hairless yellow plaque
Epidermal naevi	1- warty brown papular lesions on the skin that tend to darken and thicken with time  2- may be linear or clustered	-	congenital hamartomas	-
Inflammatory linear verrucous epidermal naevus (ILVEN)	1- warty and brown  2- usually linear or clustered	lower limb or trunk	-	1- present at birth or appear during the first five years of life  2- Lesions may become red and inflamed and may be mistaken for eczema this is when topical steroids and emollients may help

Syringomas & Trichoepitheliomas & Apocrine hidrocystoma



Milia & Sebaceous gland hyperplasia



Lipoma & leiomyoma & sebaceous cyst & poroma & keloid



Naevus sebaceous & Epidermal naevi & Inflammatory linear verrucous epidermal naevus



## ADDITIONAL INFO:

### 1- Benign painful tumors in the skin: 'BENGAL'

- A. Blue rubber bleb naevus
- B. Eccrine spiradenoma
- C. Neurilemmoma/neuroma
- D. Glomus tumor
- E. Angiolipoma
- F. Leiomyoma

### 2- Dermatofibroma (benign fibrous histiocytoma)

- A. Clinical presentation: Firm discrete nodules arising in the dermis / Initially lesions may appear red or light brown but usually mature into a firm brown papule with a ring of darker peripheral pigment / Lesions may be itchy or even painful
- B. Site: legs of women
- C. Etiology: some believe they arise at the site of insect bites or minor trauma while others believe them to be a true benign tumor of fibroblasts