



Skin tumors

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Benign skin tumors

- 1- pigmented
- 2- Vascular
- 3- Nodular
- 4- plaques
- 5- papules

Pigmented benign tumors

1- Seborrhoeic keratosis



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



2-dermatosis papulosa nigra



- ▪ Multiple small pigmented papules.
- ▪ Seen on the face of adults with black skin
- ▪ Cheeks, forehead, neck and chest.
- Very common and familial
- ▪ no treatment is needed
- It always come back

3- Skin tags (fibro epithelial polyps)



- ▪ 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
- Treat by (removed by shave under local anesthesia)

4- 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

5- Melanocyte nevi ➤ Benign in most cases



- 1- congenital melanocyte nevi (birth mark)
- Small <2 cm
- Medium (2-20 cm)
- Giant >20 cm
-
- 2-acquired
 - Junctional nevi (dermo epidermal junction) : flat, well-demarcated brownish macule
 - Compound nevi (epidermis and dermis) : forming pigmented and an elevated lesion
 - Intradermal nevi: elevated, non pigmented - on the face
 - Blue nevi: is a collection of deeply pigmented melanocytes situated deep in the dermis, dark blue color

Benign vascular tumors



1- NAEVUS FLAMMEUS NEONATORUM

- ▪ 'salmon patches' present at birth ▪ Most commonly at the glabella,
- Eyelids >> disappear by age of 2 yrs
- Nape of the neck > persist for life



2-Port Wine stain

- ▪ 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 and epilepsy ▪ Tx: pulsed-dye laser

3- Cavrenous 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



4- 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



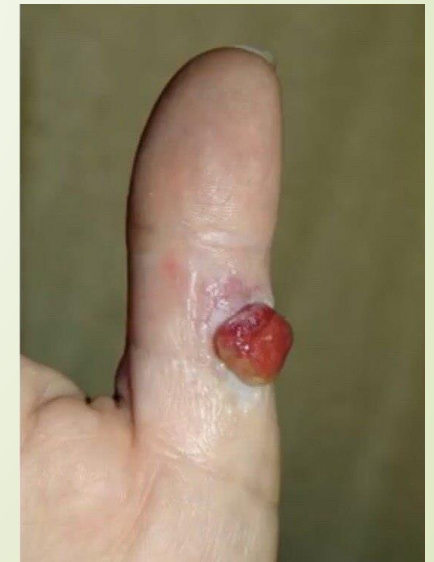
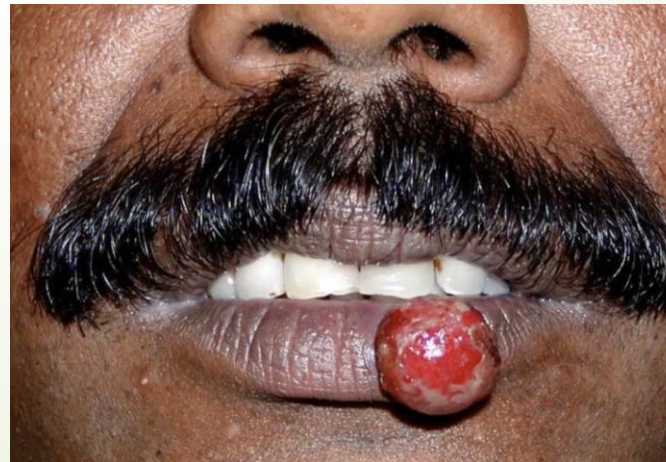
5- CHERRY HEMANGIOMA (CAMPBELL DE MORGAN SPOTS)

- ▶ ▪ 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



6- 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 cauterization



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



MILIA

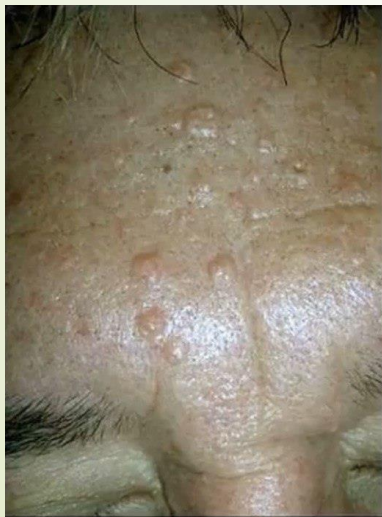
- Transient, papular exanthema following exposure to heat
- Small keratin cysts consisting of small white papules
- Blockage of the eccrine sweat ducts in hot and/or humid environments
- Usually in new-borns and can appear after skin trauma or inflammation
- No treatment required, but can be removed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

Milia (Tiny Epidermal cysts)



SEBACEOUS GLAND HYPERPLASIA

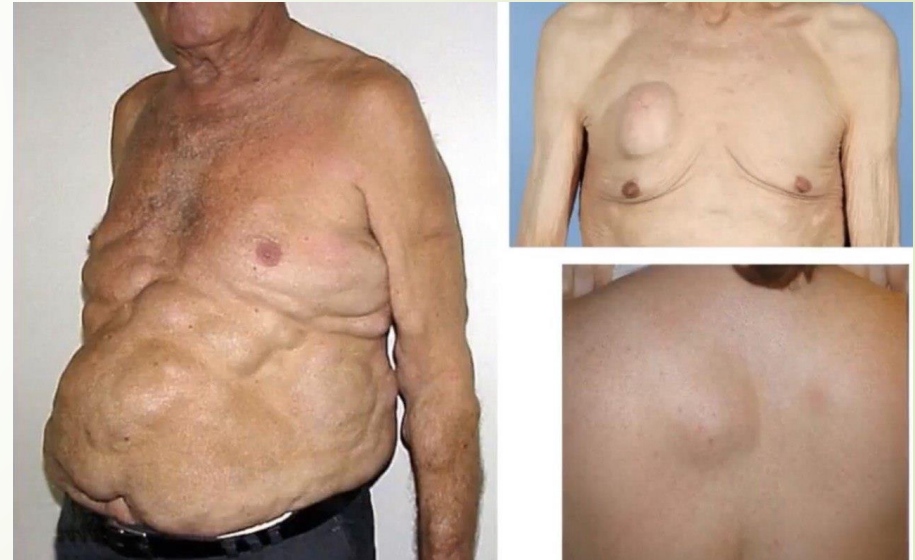
- Benign hamartomatous enlargement of the sebaceous glands
- Turnover of sebocyte cells within the glands decreases with increasing age, leading to hyperplasia
- Immunosuppressed patients
- Muir–Torré syndrome



Benign tumor papules

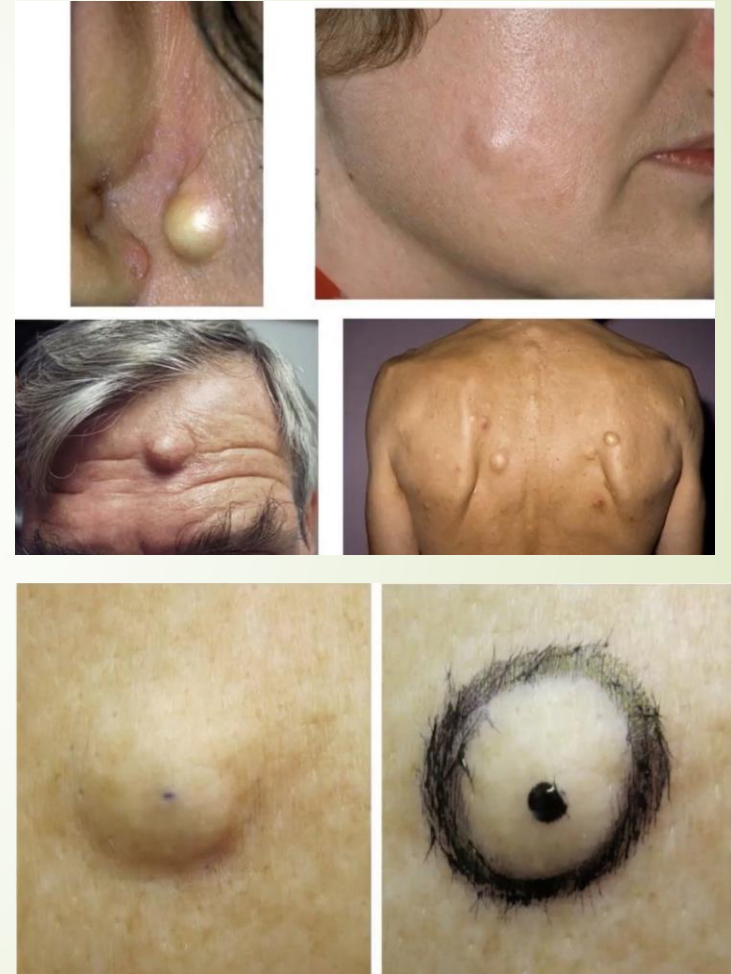
LIPOMA

- ▶ 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)



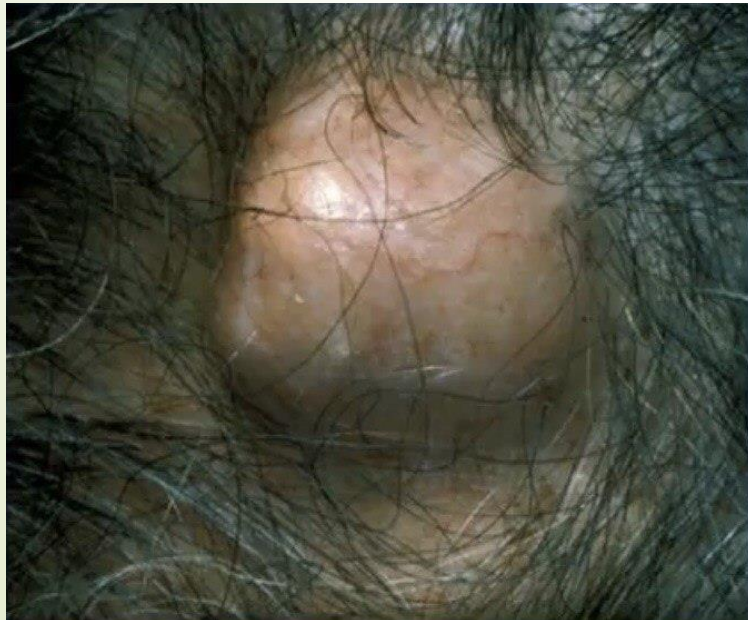
EPIDERMOID CYSTS

- 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




Premalignant and Malignant skin tumors

Premalignant

- Actinic Keratosis (AK)
- Bowen's Disease

Malignant

- 
- Basal cell carcinoma (BCC)
 - Squamous cell carcinoma (SCC)
 - Melanoma

Actinic keratosis

- ▶ Occurs in exposed skin :face (including the lip), dorsal hands, distal limbs and bald scalp
- ▶ •Irregular edge and less than 1 cm
- ▶ **Management:**
- ▶ -Cryotherapy(Cure rates 70%)
- ▶ -Excision



Bowen's Disease

- SCC in situ
- Elderly
- Trunk and limbs
- Risk factors
 - solar radiation
 - HPV16
 - radiotherapy
 - arsenic ingestion
- Ddx → superficial BCC, eczema
- Dx: Biopsy
- Tx: excision, curettage and cautery, cryotherapy



Basal cell carcinoma (BCC)

- most common cancer in humans
- Sun-exposed skin in the ‘mask area” of face
- Painless
- Risk factors:
 - Age
 - Fair skin
 - UV exposure
 - Radiation
 - Immunosuppression
 - History of BCC
- Tx: Surgical excision with clear margins.



Squamous cell carcinoma

- ▶ develops in previously normal skin or pre-existing lesions such as actinic keratoses or Bowen's disease or in chronic wound or scar (Marjolin's ulcer)
- ▶ Second most common skin CA
- ▶ rapidly growing
- ▶ painful
- ▶ HPV and chronic scar is a risk factor

▶ **Management**

Surgical excision





Moles / Naevi

ABCDE approach

ASSYMETRIC

BORDER

COLOR

DIAMETER

EVOLVING



Melanoma

- ▶ Invasive malignant tumor of melanocytes
- ▶ 4% of skin tumors, but responsible for 75% of skin cancers deaths
- ▶ Risk factors:

Sun exposure (major) , 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).

- ▶ Ulceration, lymph node involvement and skin metastases are associated with a poorer prognosis



Types of melanoma

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



Superficial Spreading melanoma



Lentigo maligna melanoma



Nodular melanoma



Acral melanoma



Amelanotic melanoma

Cutaneous Lymphoma

- ▶ 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.
-
- ▶ CBCL : depends on the type
low grade solitary lesion : surgical excision
Multiple lesion :Chemotherapy





**Thank You
for your time**