Overview of benign skin lesions: common lesions and management
Benign melanocytic naevi

- Junctional
- Compound
- Intradermal
- Atypical
- Congenital
- Halo
Melanocytic naevi

Junctional

Compound

Intradermal
Atypical melanocytic naevi
Atypical mole syndrome

- More than 100 moles > 2mm in diameter
- Moles in unusual sites (buttocks dorsum of feet)
- Atypical naevi
- Iris freckles
- Scalp naevi

200 x increased risk of melanoma
Congenital melanocytic naevi
Benign pigmented lesions

- Benign melanocytic naevi
- Basal cell papilloma
- Pigmented dermatofibroma
- Solar lentigo
- (solar keratoses)
Basal cell papilloma/seborrhoeic keratosis
Pigmented dermatofibroma
Solar lentigines
Other benign skin lesions
Skin tags: fibroepithelial polyp
Dermal lesions:

- Fibroblasts
- Pilosebaceous unit
- Blood vessels
- Cartilage
- Other structures
- Sebaceous glands
- Fat
Dermatofibroma
Epidermoid cyst
Pyogenic granuloma

![Diagram of blood vessels and skin layers](image1)

![Image of pyogenic granuloma on skin](image2)
Spider naevus
Sebaceous glands
Neurofibroma

• Single lesion not uncommon
• Significance
• Multiple lesions: Neurofibromatosis
• Association between neurofibromatosis and other cancers such as melanoma, breast, basal cell carcinoma
• NF1 gene relevant for many cancers
Other
Management of benign skin lesions: an overview
Basic Principles

- TRY TO MAKE A DIAGNOSIS
- Consider site and size of lesion
- Consider the type of patient
- Consider the likely final diagnosis
- Agree a management plan
  - Respect local low priorities framework
Correct Diagnosis $\rightarrow$ Correct Management

No Diagnosis $\rightarrow$ Incorrect Management
Diagnosis wrong, lesion benign, unacceptable/incorrect procedure performed

vs melanocytic naevus

Avoid elliptical excision of a BCP, curettage and cautery is the approved procedure
Diagnosis wrong, lesion benign, unacceptable/incorrect procedure performed

Seborrhoeic keratosis vs melanocytic naevus

Avoid elliptical excision of a BCP, curettage and cautery is the approved procedure
Management: Basic Principles

- Not everything needs to be removed
- Diagnosis and reassurance may be enough
- Time as a diagnostic tool
- If you decide to remove a lesion..
Management: Basic Principles

- Send everything for histological examination
- See and understand the histology report
- Know how to manage the histology report
Benign skin lesions:
Dermatological Techniques

• Ellipse excision
• Curettage & cautery
• Cryotherapy
• Shave excision
• Snip excision
Ellipse excision

Benign lesions

2mm minimum margin
Ellipse excision: dermatofibroma, melanocytic naevi
Curettage

- Good for BENIGN lesions
- Good cosmetic results
- MUST send curetttings for histology
- Use only when confident of diagnosis
Curettage: pyogenic granuloma

- Scoop
- Make a plane of cleavage
- Haemostasis
- Differential diagnosis is amelanotic melanoma
- Urgent excision
- Histology
Curettage: WARNING

- Do not use if you suspect malignant melanoma
- Destroys architecture
- Breslow thickness not available
- Management plan and prognosis difficult
Spider naevi

- Resolve on their own
- Electrocautery
- ? Laser
Shave Excision

- Slicing with a flat blade
- Compound or intradermal naevi
- BENIGN lesions only
- Repigmentation & regrowth of hairs can occur
- Good cosmetic result
Shave Excision
Cryotherapy

- Liquid nitrogen
- Viral warts
- Solar keratoses,
- Basal cell papillomas
- Avoid for melanocytic lesions

Use only when the diagnosis is not in doubt and the lesion benign
Cryotherapy: complications

- Pain & blistering
- Scarring
- Pigmentary change
- Nerve damage & tendon rupture
Treatment of warts

Cure after 12 treatments

• 43% for weekly
• 48% for 2 weekly
• 44% for 3 weekly

Number of treatments determines cure
Cutaneous Horn

Clinical, not a pathological diagnosis

Causes:

- Viral wart
- Solar keratosis
- Squamous cell carcinoma
Summary: Benign skin lesions

MAKE A DIAGNOSIS
Manage it yourself if:
• Confident lesion is benign
• Needs no treatment
• Needs treatment you can do
• Needs observation for reassurance
Summary: Benign skin lesions

Refer if:

• Definitely malignant
• Suspicious
• Benign but needs treatment beyond your ability
• Undiagnosed rash
• Doubt about CORRECT management