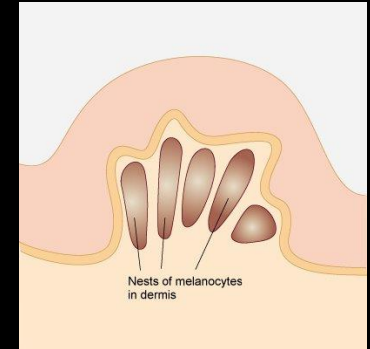
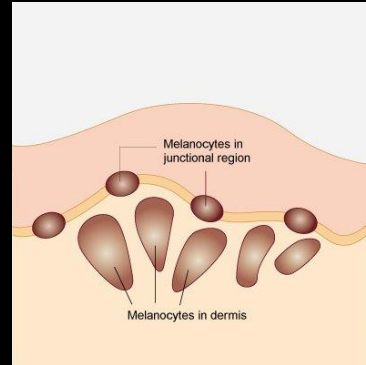
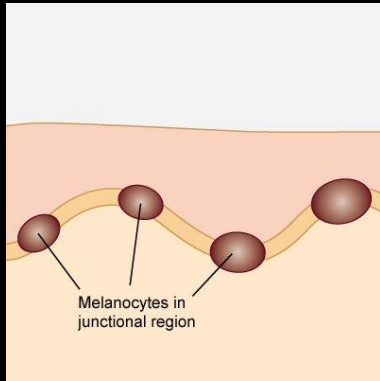


Overview of benign skin lesions: common lesions and management

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



Halo naevi





Benign pigmented lesions

- Benign melanocytic naevi
- Basal cell papilloma
- Pigmented dermatofibroma
- Solar lentigo
- (solar keratoses)

Basal cell papilloma/seborrhoeic keratosis





Pigmented dermatofibroma

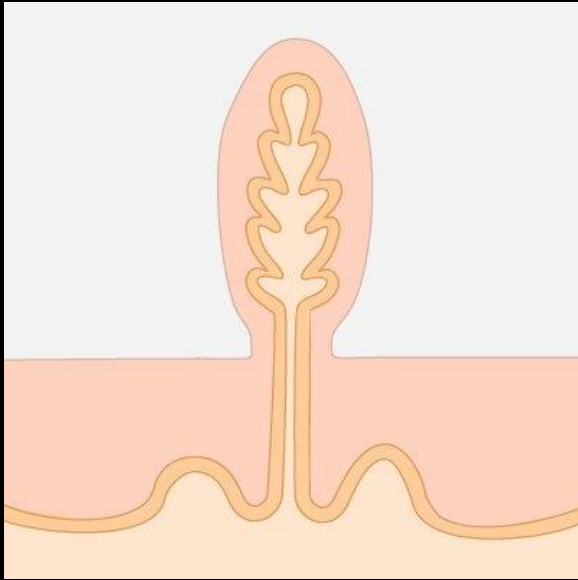


Solar lentigines



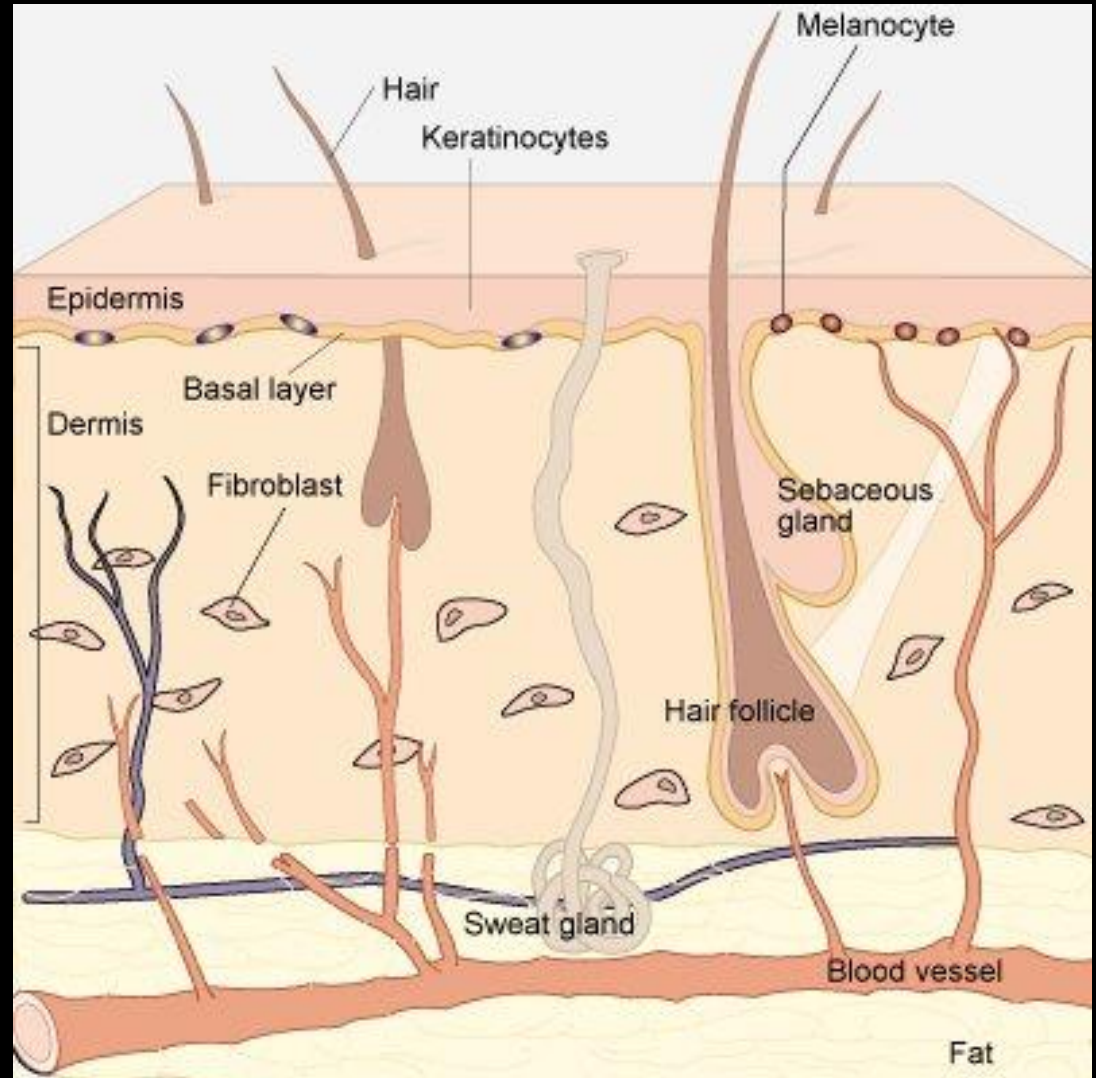
Other benign skin lesions

Skin tags: fibroepithelial polyp

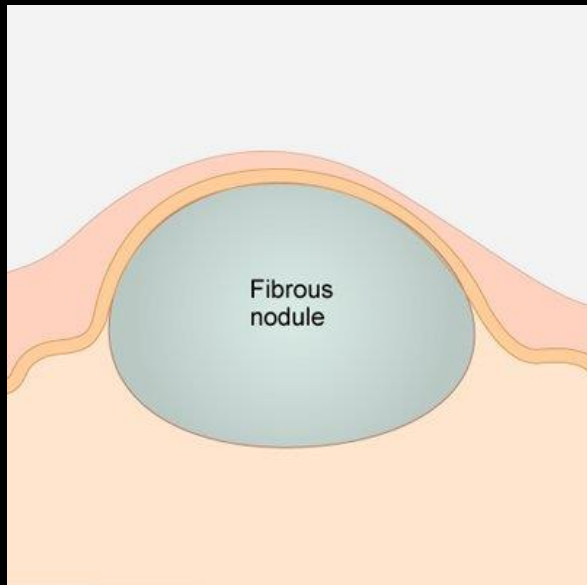


Dermal lesions:

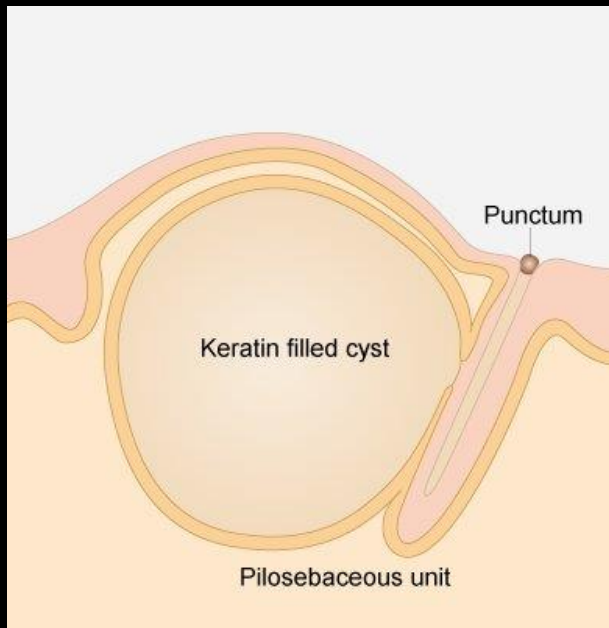
- Fibroblasts
- Pilosebaceous unit
- Blood vessels
- Cartilage
- Other structures
- Sebaceous glands
- Fat



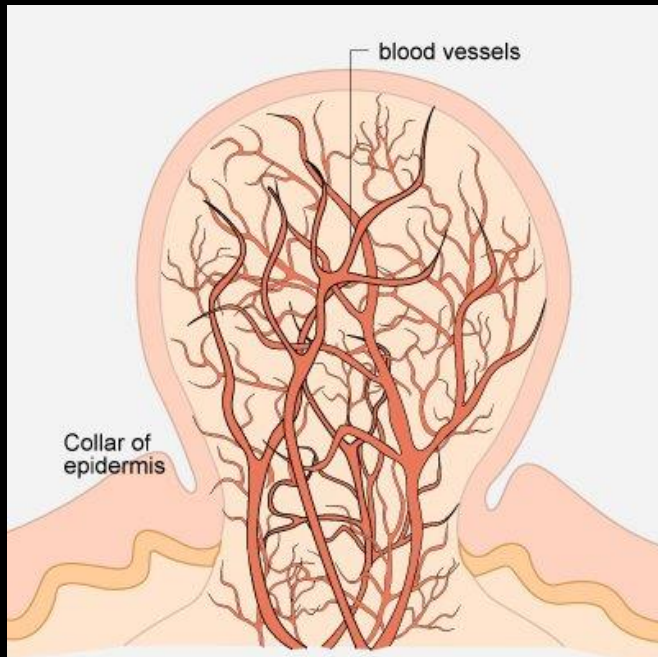
Dermatofibroma



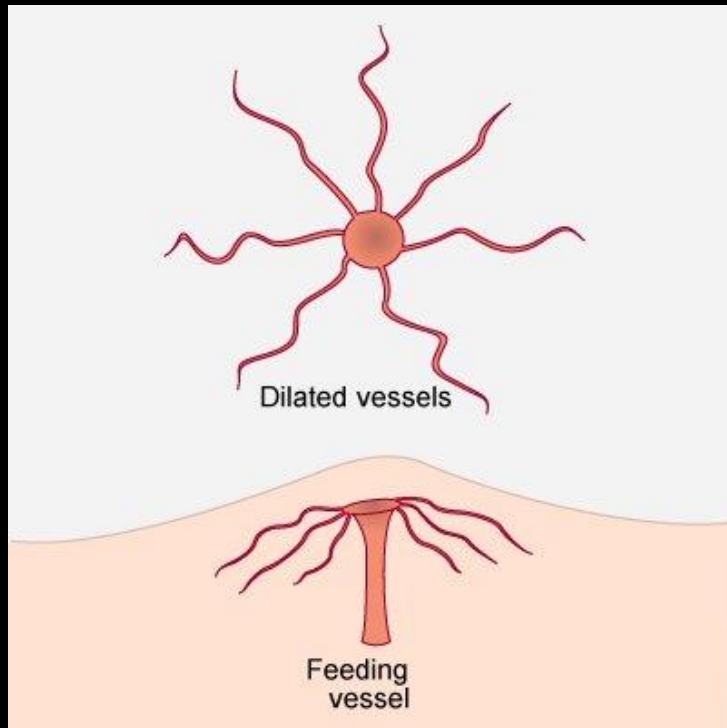
Epidermoid cyst



Pyogenic granuloma



Spider naevus



Cartilage



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



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Other





Management of benign skin lesions: an overview

Basic Principles

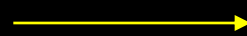
- **TRY TO MAKE A DIAGNOSIS**
- Consider site and size of lesion
- Consider the type of patient
- Consider the likely final diagnosis
- Agree a management plan
- Respect local low priorities framework

Correct
Diagnosis



Correct
Management

No Diagnosis



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

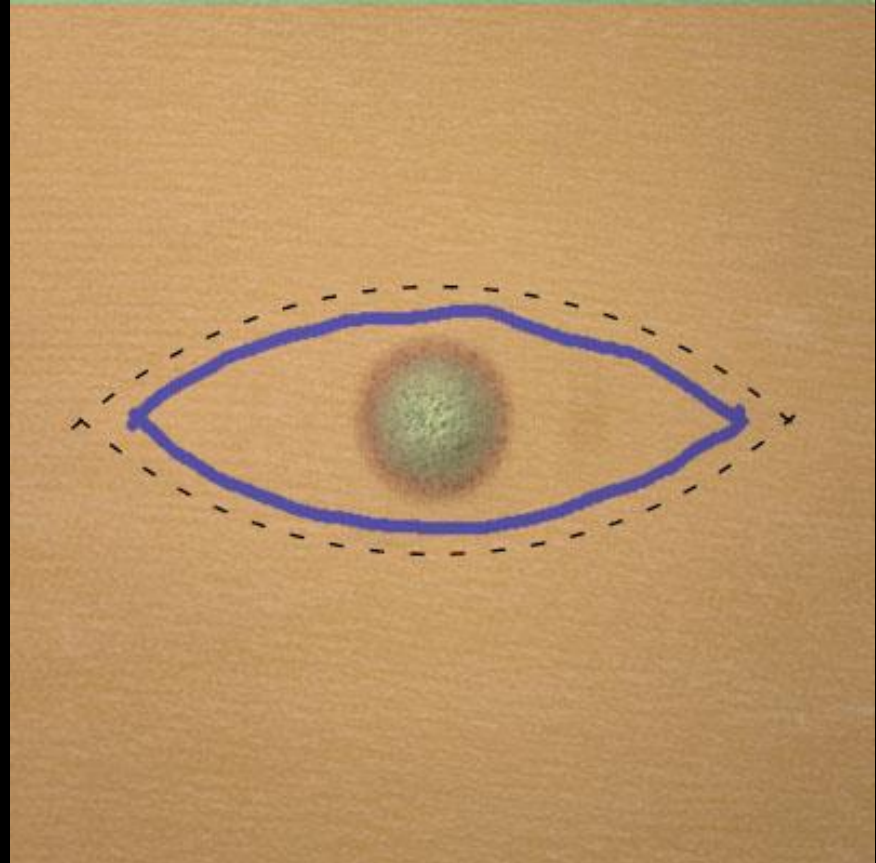
Benign skin lesions: Dermatological Techniques

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

Ellipse excision

Benign lesions

2mm minimum
margin

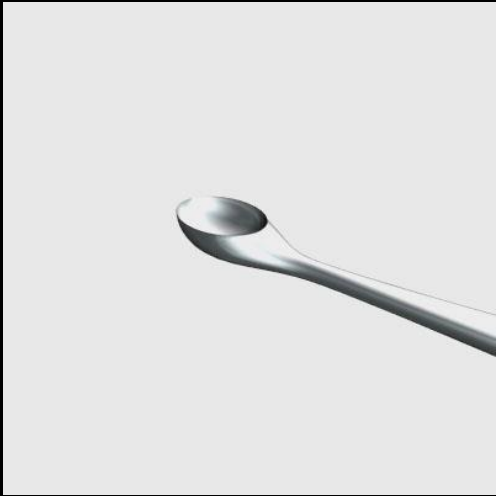


Ellipse excision: dermatofibroma, melanocytic naevi



Curettage

- Good for BENIGN lesions
- Good cosmetic results
- MUST send curettings 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:

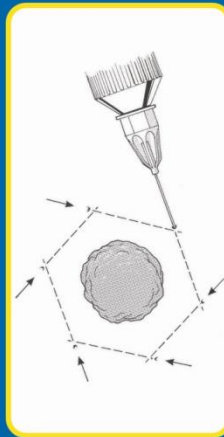
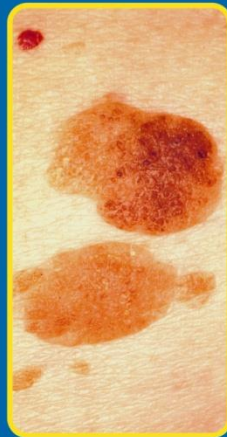
- Definitely malignant
- Suspicious
- Benign but needs treatment beyond your ability
- Undiagnosed rash
- Doubt about CORRECT management

SKIN LESIONS

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and minor surgery

Second Edition

Julia Schofield and Roger Kneebone



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