



Common Benign & Malignant Skin Growths

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Learning Objectives

1

Review common
benign skin growths
and their diagnostic
features



2

Review common
malignant skin
growths and their
diagnostic features



3

Introduce
dermoscopy as a
tool to improve
differentiation of
common benign and
malignant growths



Benign Skin Growths

- Seborrheic keratosis (SK) & variants
- Skin Tags (Acrochordons)
- Dermatofibroma
- Cherry Angioma & Venous Lake
- Sebaceous Hyperplasia
- Sebaceous Cyst & Milia
- Lipoma
- Melanocytic Nevi



Seborrheic Keratosis (SK)

- Superficial epidermal growth derived from keratinocytes
- Very common
- Age: Start in 30s-40s
- Anywhere except palms/soles, mucous membranes
- Often multiple



Seborrheic Keratosis (SK)



Seborrheic Keratosis (SK)

- Papules, plaques
- Color variable
- Textured, velvety, scaly, warty
- Well-demarcated border
- Stuck-on appearance
- May look waxy



Seborrheic Keratosis (SK): Color



Seborrheic Keratosis (SK): Color



Seborrheic Keratosis (SK): Texture



Seborrheic Keratosis (SK): Close-Up Clues

- Comedo-like openings
- Accumulate keratotic material



Seborrheic Keratosis (SK): Treatment

- Irritated/inflamed
- Cosmetic
- Cryotherapy
- Shave removal
- Electrodesiccation/curettage (ED&C)



Common SK Variants

- Solar Lentigo
- Stucco keratosis
- Dermatosi Papulosa Nigra (DPN)



Solar Lentigo

- Pigmented macules
- Sun exposed areas
- Lighter skin tones
- Well-demarcated border, may be scalloped



Solar Lentigo



Stucco Keratosis

- White-gray scaly papules
- Feet/ankles
- Often numerous
- Older patients, M>F
- Lighter skin tones

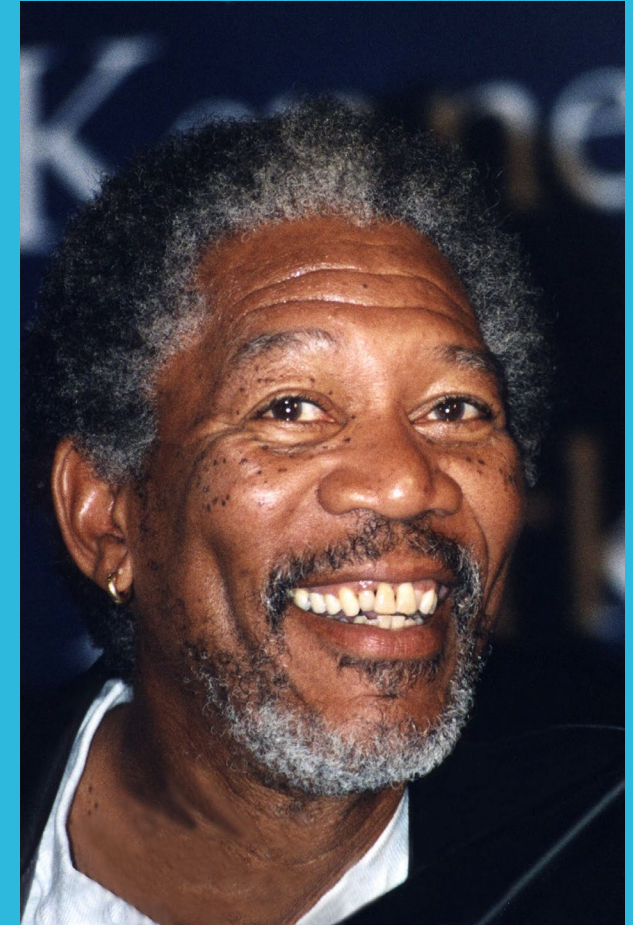


Dermatosis Papulosa Nigra (DPN)

- Small hyperpigmented papules
- Face & neck
- Darker skin tones
- Patients often describe as “freckles”
- Often a family history



DPN



https://en.wikipedia.org/wiki/Morgan_Freeman

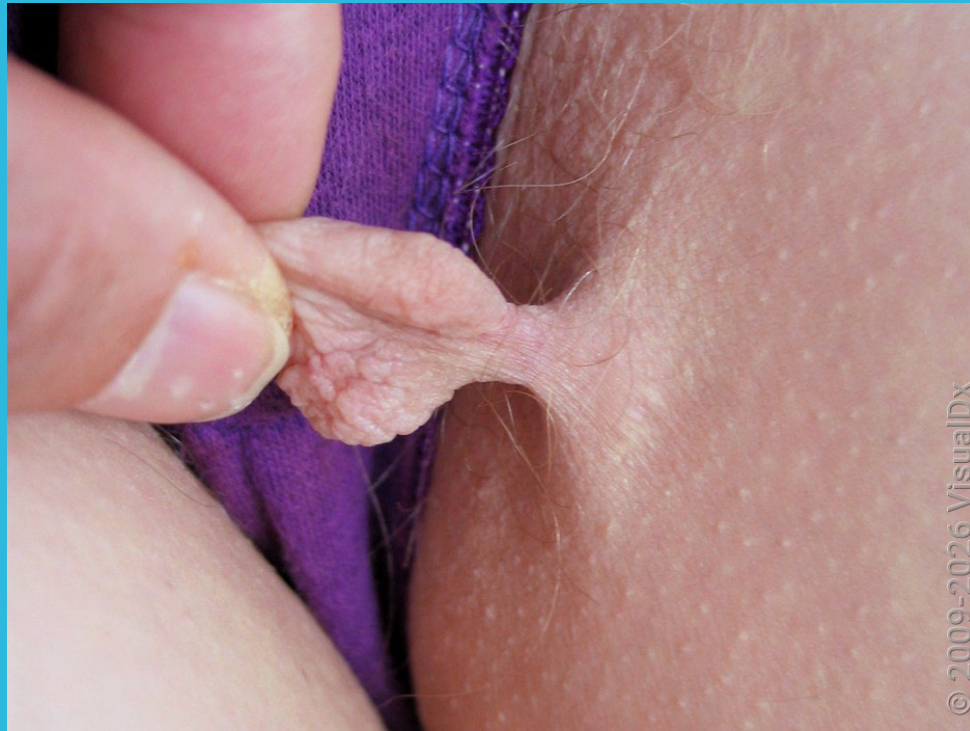


Skin Tags (Acrochordons)

- Fleshy papules, often pedunculated (on a stalk)
- Color variable
- **Most common areas:** Eyelids, neck, axilla, groin
- **Causes:** Genetics, obesity, friction, pregnancy
- May be a marker for insulin resistance



Skin Tags (Acrochordons)



Skin Tags (Acrochordons): Treatment

- **Indications:**
 - Irritated
 - Infarcted
 - Cosmetic
- **Methods:**
 - Snipping
 - Cryotherapy (if small)
 - *May need hemostasis



Dermatofibroma (DF)

- Aka: Benign fibrous histiocyoma
- Derived from dermal fibroblasts
- **Firm** Papule
- Color variable: Skin-colored, pink, hyperpigmented
- **Dimples with lateral pressure**
- Commonly found on the legs, especially in women
- Possible hx trauma, bug bite (usually not recalled)



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DF: Dimple Sign

- Indents (dimples) with lateral pressure



Dermatofibroma



Dermatofibroma



DF: Treatment

- None needed unless symptomatic
- Can recur after incomplete removal (excision is best)



Cherry Angioma

- Vascular growth (capillary)
- Common in adults
- Usually papular
- Typically multiple
- Anywhere, but mostly trunk
- **Color variable:** bright red, maroon, purple, blue, black
- Treatment: bleeding, irritation
 - Electrodesiccation
 - Shave

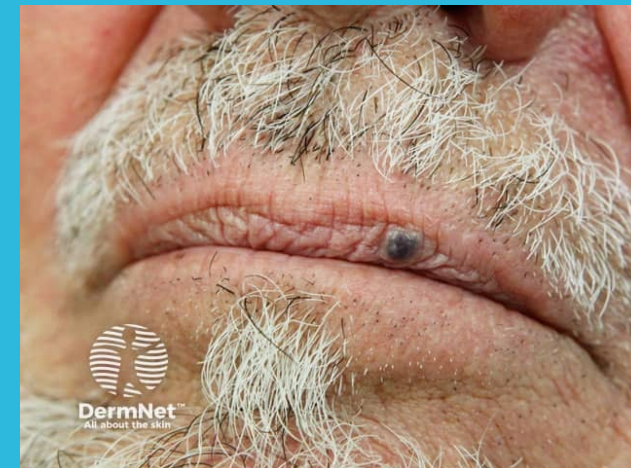


Cherry Angioma



Venous Lake

- Small dilated venous capillary
- Soft papule
- Blue, purple, black
- Older adults with sun damage
- Face, lips, ears
- **Fade with compression**



Sebaceous Hyperplasia

- Small yellowish papules with central dell (depression)
- Hypertrophy of normal sebaceous glands
- Forehead & cheeks most common
- Middle age and older
- Important DDX: Basal cell carcinoma



Sebaceous Hyperplasia



Epidermoid Cysts

- Aka: Epidermal Inclusion Cysts (EIC), “Sebaceous” cysts
- Derived from hair follicle
- Firm skin-colored papule or nodule
- Central punctum (may have to look closely)
- Contents: cheesy debris, foul odor
- Can become inflamed/infected



Epidermoid Cysts

- Treatment
 - Inflamed/Infected: I & D
 - Not inflamed: Excision of whole cyst wall



Milia

- Cyst derived from hair follicle
- Tiny pearly white papules
- Any age, common in infants/children
- Face, eyelids most common
- Can follow skin injury (burns, blistering disorders)
- Treatment:
 - De-roof with needle or blade
 - Topical retinoids



Lipoma

- Slow-growing tumor of mature adipocytes (fat cells)
- Subcutaneous
- Soft
- Most common on trunk, arms
- Adults
- Treatment: Excision



Lipoma



Benign Skin Lesions: Management

- Observation & Reassurance
- Treatment indication: symptomatic
- When to consider biopsy:
 - Atypical (not a “slam dunk” diagnosis)
 - Rapidly growing or changing
 - Does not respond to treatment



Melanocytic Nevus (Moles)

- Melanocytes, epidermal/dermal/both
- Flat or raised
- Light > dark skin types
- **Congenital:** birth-few months
- **Acquired:** childhood-young adulthood
 - Genetics, UV exposure
- Color variable: pink, tan, brown, blue-gray, black



Congenital Melanocytic Nevi

- **Classified by predicted adult size:**
 - Small: < 1.5 cm
 - Medium: 1.5-10 cm
 - Large/Giant: > 10 cm
- **Risk of melanoma:**
 - Small/Medium: Low < 1%
 - **Large/Giant: Elevated 2-5%,** especially giant (>40 cm)
- Refer to Dermatology:
 - Large/Giant
 - Multiple medium



Acquired Melanocytic Nevi

- Most in child/adolescent, peak in young adulthood (20s-30s)
 - Kids: grow along with child
- Characteristics:
 - Small, usually < 6 mm
 - Roughly symmetric, round/oval
 - Well-demarcated border
- Types:
 - Junctional: flat
 - Dermal: raised
 - Compound: mixed flat & raised
- Natural history: flat moles may become softly elevated over time



Evaluating Pigmented Lesions: When to Bx

- Individual Lesion: ABCDE's
 - Asymmetry
 - Border irregular
 - Color uneven
 - Diameter > 6 mm
 - Evolution
- Context of Whole Patient
 - Similar to patient's other moles?
 - "Ugly Duckling Sign"
- History: Changes over time, symptoms
 - Adult: Change over past year? New mole > age 50?



Malignant Skin Growths

- Melanoma
- Basal Cell Carcinoma
- Squamous Cell Carcinoma (& Actinic Keratosis)



Melanoma

- Derived from melanocytes
- **Risk factors:**
 - UV exposure, tanning beds
 - Light skin, blue eyes, red/blonde hair
 - Blistering sunburns in childhood
 - > 25 acquired nevi or atypical nevi
 - Older age
 - Immunosuppression
 - Family hx: 2 first-degree relatives with MM



Melanoma Subtypes



Superficial Spreading:
Most common
Horizontal growth
Trunk & legs



Lentigo maligna:
Horizontal growth
Older
Sun-damaged skin
Head & neck
Slower growing



Nodular:
Vertical growth
More aggressive



Acral Lentiginous:
Rare
Darker skin types
Delayed dx



Subungual:
Rare
Subtype acral



Amelanotic:
Absent/subtle pigment
Variable appearance
Difficult dx
Important hx: change



Melanoma

- **Characteristics:**
 - Usually asymptomatic, but may bleed, ulcerate, crust
 - Pigmented (but can be amelanotic)
 - Sun-exposed > non-sun-exposed sites
 - ABCDEs
- **Prognosis:**
 - **Breslow depth (thickness) most important**
 - Ulceration, lymph node involvement
- **Early detection is key!**
 - **Deep/scoop shave bx ASAP**
 - ASAP referral for excision



Basal Cell Carcinoma (BCC)

- Most common cancer & skin cancer
- Basal keratinocytes (epidermis)
- Slow growing
- Incidence increases with age, M > F
- Many subtypes
 - Nodular most common
 - Also: pigmented, superficial, infiltrative, others
- Face most common
- Very rarely metastasizes (large, neglected)



Basal Cell Carcinoma (BCC)

- Risk factors:
 - UV exposure
 - Lighter skin types
 - Immunosuppression
 - Exposures: radiation, tanning bed
 - Genetic syndromes
 - Gorlin (basal cell nevus syndrome) & others



BCC: Nodular

- Shiny, pearly papule
- Telangiectasias
- May have translucent quality
- May have rolled border
- May be ulcerated: “rodent ulcer”



BCC: Nodular



BCC: Pigmented

- More common in darker skin tones
- Important Ddx: melanoma



BCC: Superficial

- Confined to epidermis
- Red or finely scaly patch
- May have superficial erosions
- Can look like eczema, psoriasis



BCC: Superficial



BCC: Infiltrative

- Less common
- More aggressive
- Often extends beyond visible margins
- More subtle: may be flat, depressed, scar-like, ill-defined



Squamous Cell Carcinoma (SCC)

- Second most common skin cancer overall
- Derived from keratinocytes (epidermis)
- Risk factors include:
 - UV exposure
 - Lighter skin tones
 - Actinic keratoses
 - Immunosuppression
 - Scars, non-healing ulcers, dermatoses (DLE, lichen sclerosus, others)
- Metastasis possible



Firm pink papule with central keratin mass

SCC: Varied Presentation



Cutaneous horn



Hyperkeratotic plaque



Verrucous plaque



Eroded nodule

<https://jcadonline.com/squamous-cell-carcinoma-finger-pad-august2017/>



Keratoacanthoma

- Low-grade variant of SCC
- **Rapidly growing (weeks)**
- Sun-exposed skin
- Older patients
- Dome-shaped papule/nodule with central keratin mass
- Sometimes can involute



Squamous Cell Carcinoma In Situ (SCCIS)

- Aka Bowen Disease
- Confined to epidermis
- Red or scaly patch
- May be pigmented, especially in darker skin tones
- Can look like eczema, psoriasis
- Important Ddx: Superficial BCC



Actinic Keratosis (AK)

- **Pre-malignant**
- Potential to become SCC
 - Risk increases with increasing number of AKs
- Scaly thin pink papules
- Sun-exposed areas
- **Sandpaper texture**



Actinic Keratosis (AK)

- Treatment Options:
 - Few lesions: liquid nitrogen cryotherapy
 - Many lesions: field therapy
 - Advantage: tx obvious and non-obvious lesions
 - 5-FU, imiquimod, diclofenac, tiribanulin, photodynamic tx



5-FU treatment



BCC & SCC: Dx & Treatment

- **Dx: Shave/tangential biopsy**
- **Factors: High/low risk areas, tumor subtype, risk factors**
- **Treatment:**
 - **High-risk areas:** Head/neck, hands/feet, nipple/areola, genital/perianal, shins
 - **Mohs surgery:** 100% margin control, lower recurrence, skin sparing
 - **Low-risk areas:** trunk, arms, legs (not shin)
 - Excision, ED&C
 - **In situ/superficial tumors at low-risk sites**
 - ED&C, 5-FU, imiquimod



Skin Cancer In Skin of Color

- Lower incidence than in light skin
 - White: 40% of all cancers
 - Hispanic: 5%
 - Asian (East): 4%
 - African-American (and South Asian): 2%
- But higher morbidity and mortality in patients of color
 - Delay in diagnosis
 - Different presentation



Skin Cancer In African Americans

(similar pattern but less data for South Asians)

- **SCC most common**
 - Most in non-sun-exposed areas: legs, anogenital (10-23% anogenital)
 - Dark brown/black, hyperkeratotic (less red)
 - 20-40% areas with chronic inflammation or scarring (such as DLE)
 - Higher risk for metastasis



Skin Cancer In African Americans: SCC

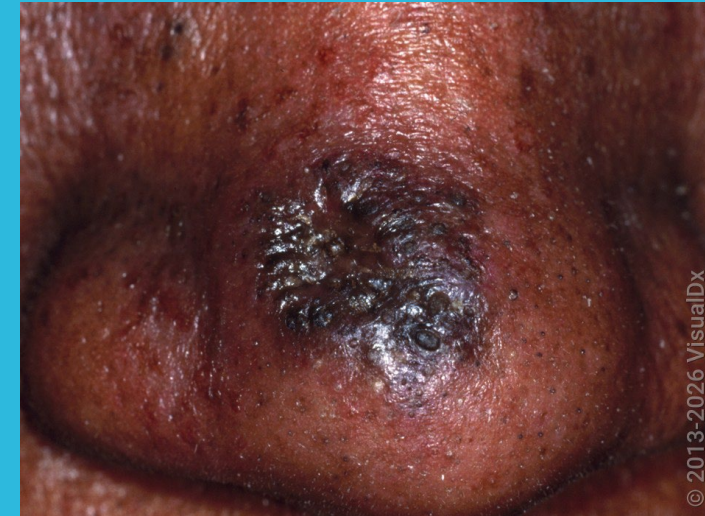


Higgins S, Nazemi A, Chow M, Wysong A. 2018. Review of Nonmelanoma Skin Cancer in African Americans, Hispanics, and Asians. *Dermatol Surg* 44(7):903-910.



Skin Cancer In African Americans

- **BCC: second most common**
 - Most in sun-exposed areas
 - >50% pigmented (vs 5-6% in white skin)
 - Harder to see telangiectasias
- **Melanoma**
 - Majority in non-sun-exposed areas: plantar, palmar, mucosal, nail (subungual)
 - Diagnosed at later stage, poorer prognosis



Skin Cancer In Hispanic & East Asian Populations

- Less data overall
- **BCC most common**
 - Hispanic: pigmented 10-15%
 - Asian: pigmented 75%, “black pearly”
- **SCC: may be hyperpigmented**
 - Hispanic: High rate penile SCC (as in African Americans)
 - Asian: May be in scarred areas



Introduction to Dermoscopy

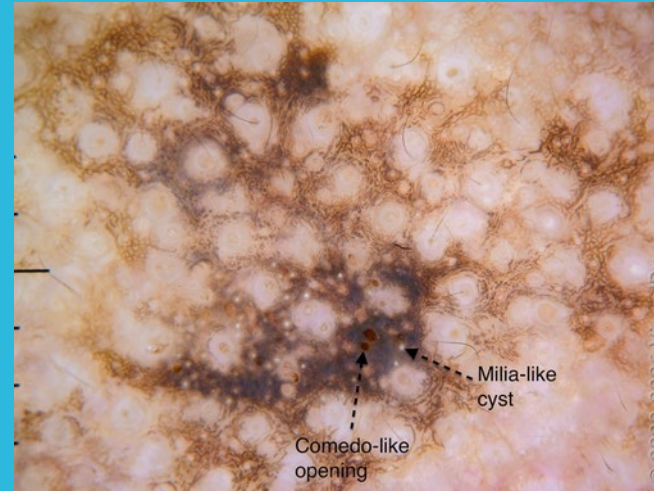
- Non-invasive method of skin examination
- Uses handheld **dermatoscope**
 - Up to 10x magnification
 - Light source, usually polarized
- Allows better visualization of structures beneath the surface (vs plain magnification or naked eye)
- Earlier detection of skin cancer
- Prevent biopsy of benign skin lesions



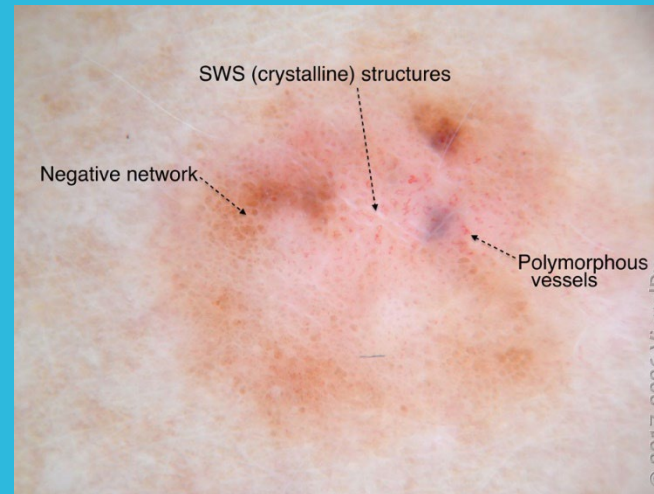
Dermoscopy: Biopsy or Observe?



Dermoscopy: Biopsy or Observe?



**Seborrheic Keratosis:
Observe**



**Melanoma (amelanotic):
Biopsy**



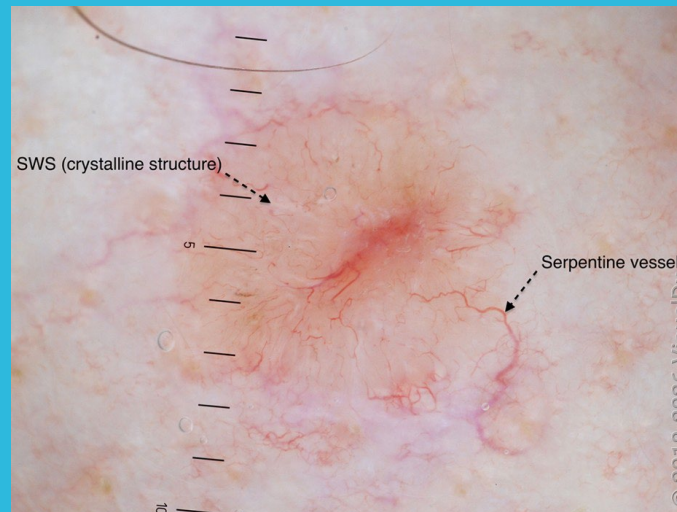
Dermoscopy: Lookalikes



Dermoscopy: BCC vs Sebaceous Hyperplasia



Sebaceous hyperplasia:
Yellow globules



BCC:
Arborizing vessel
Shiny white structures





Thank You!