INDIAN COUNTRY ECHO

LEADING THE WAY

Growing the Ability to Deliver Quality Healthcare to American Indian and Alaska Native People.

Benign Skin Lesions

03/19/2024

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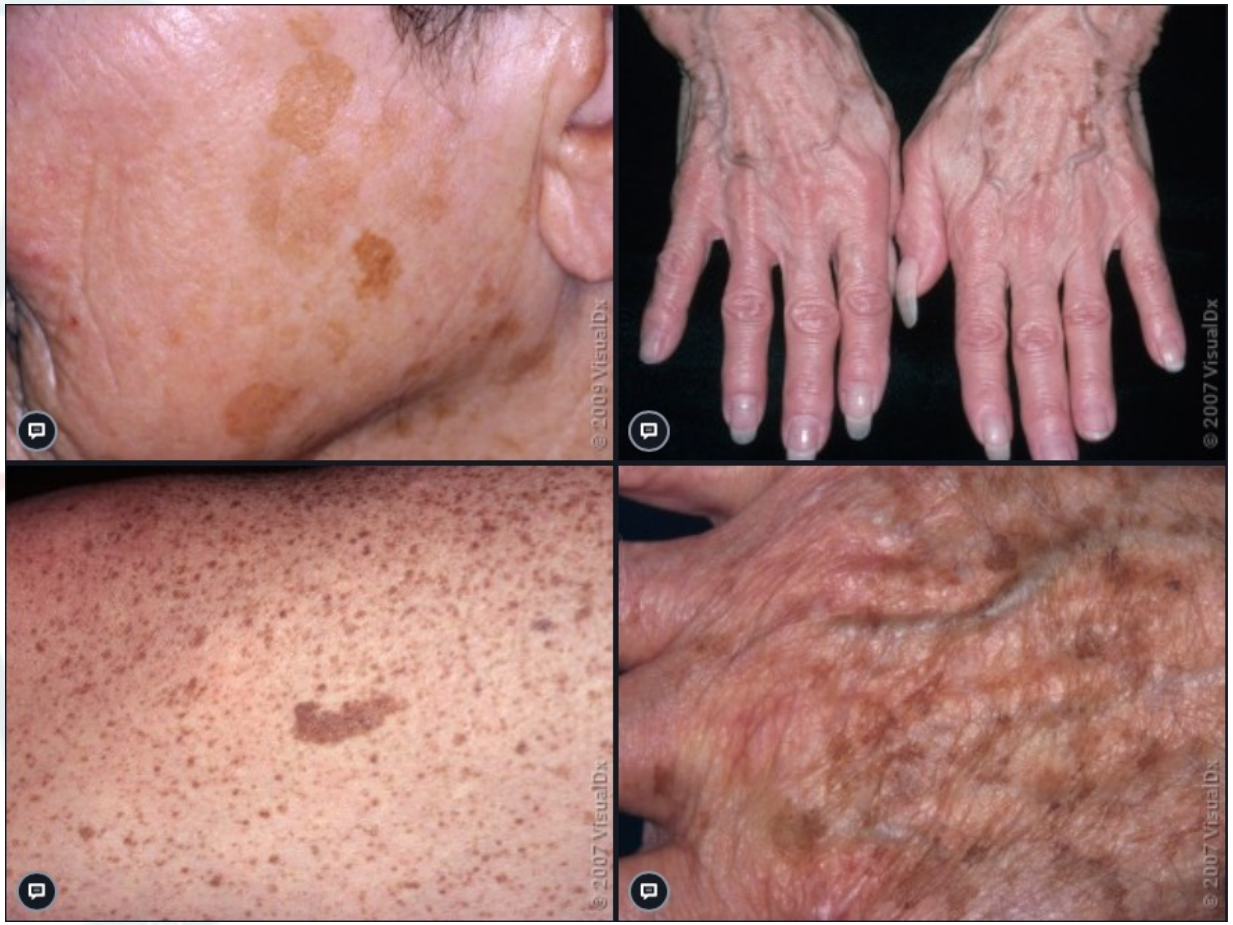
Objectives

I. Review common benign skin lesions in adults and pediatric patients

Adult Patients

Solar lentigo aka “liver spot”

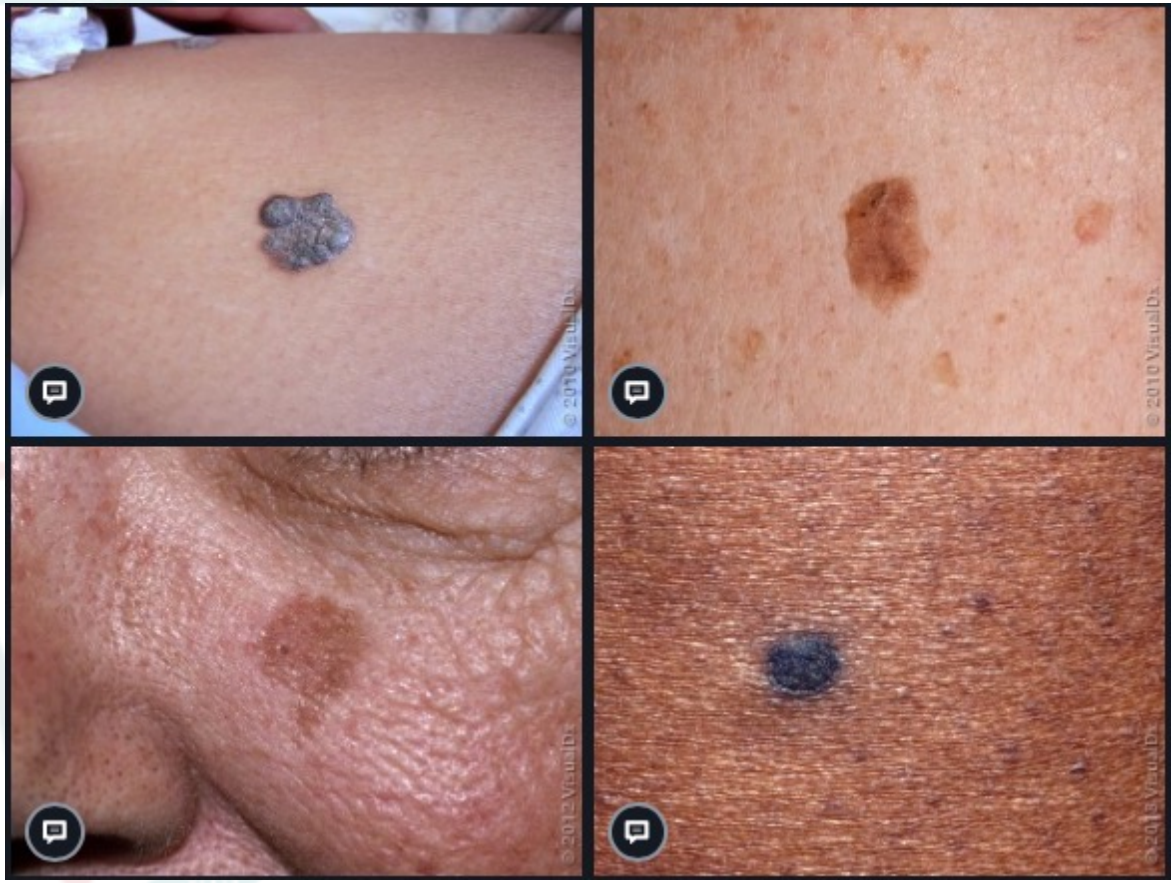


Multiple tan to dark brown macules, often with irregular borders, ranging from a few millimeters for >1cm in diameter seen on **sun-exposed** areas (face, dorsal hands, forearms, upper trunk)

Onset in adulthood, UVR-induced, may darken with sun exposure but does not fade completely (*ephelids aka freckles* tend to fade with age and in the absence of sun exposure, are small and well-circumscribed)

If present or widespread in young children, consider: xeroderma pigmentosum, type 2 oculocutaneous albinism

Seborrheic keratosis



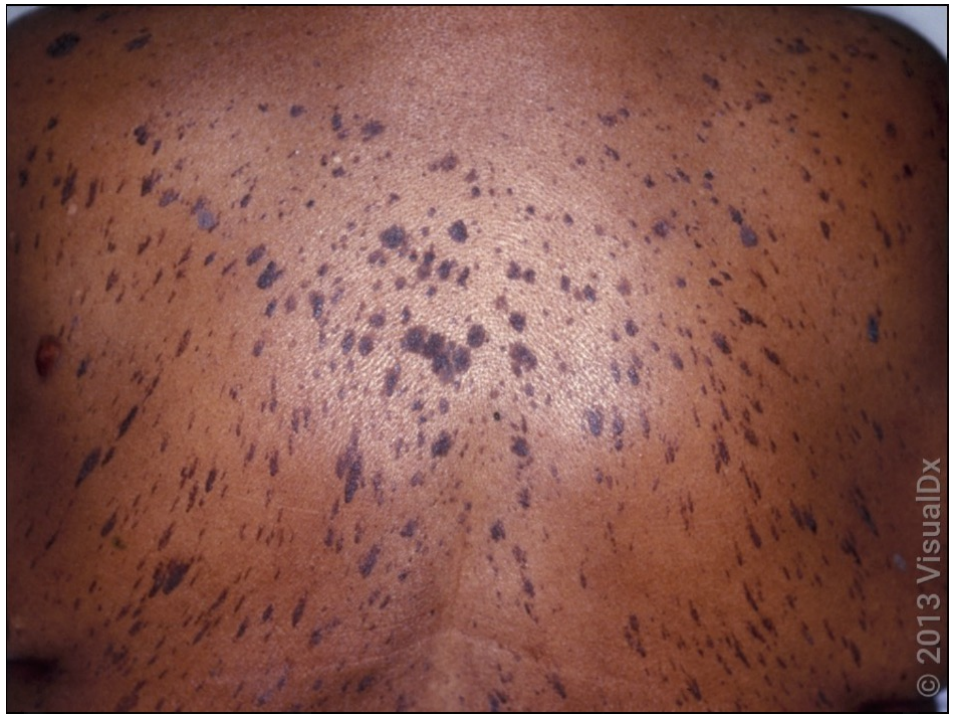
Tan to almost black, waxy, verrucous, ”stuck-on” appearing papules and plaques

Onset ~4th decade of life

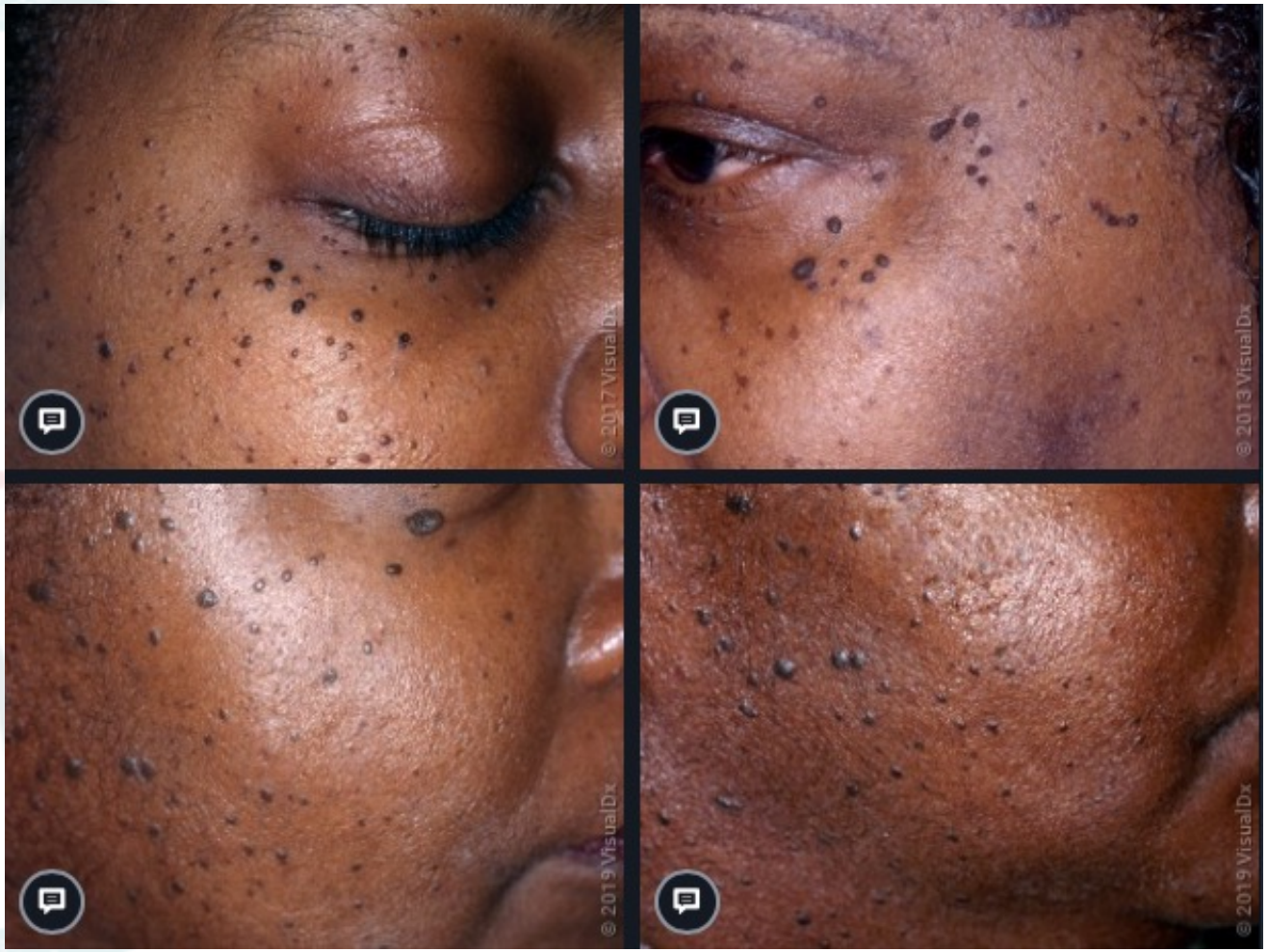
Can be anywhere but spares the palms, soles, and mucosal surfaces

Sudden appearance of multiple lesions may be associated with internal malignancy – gastric or colonic adenocarcinoma, breast carcinoma, or lymphoma – *sign of Leser-Trélat*

Seborrheic keratosis



SK variants: dermatosis papulosa nigra (DPN)



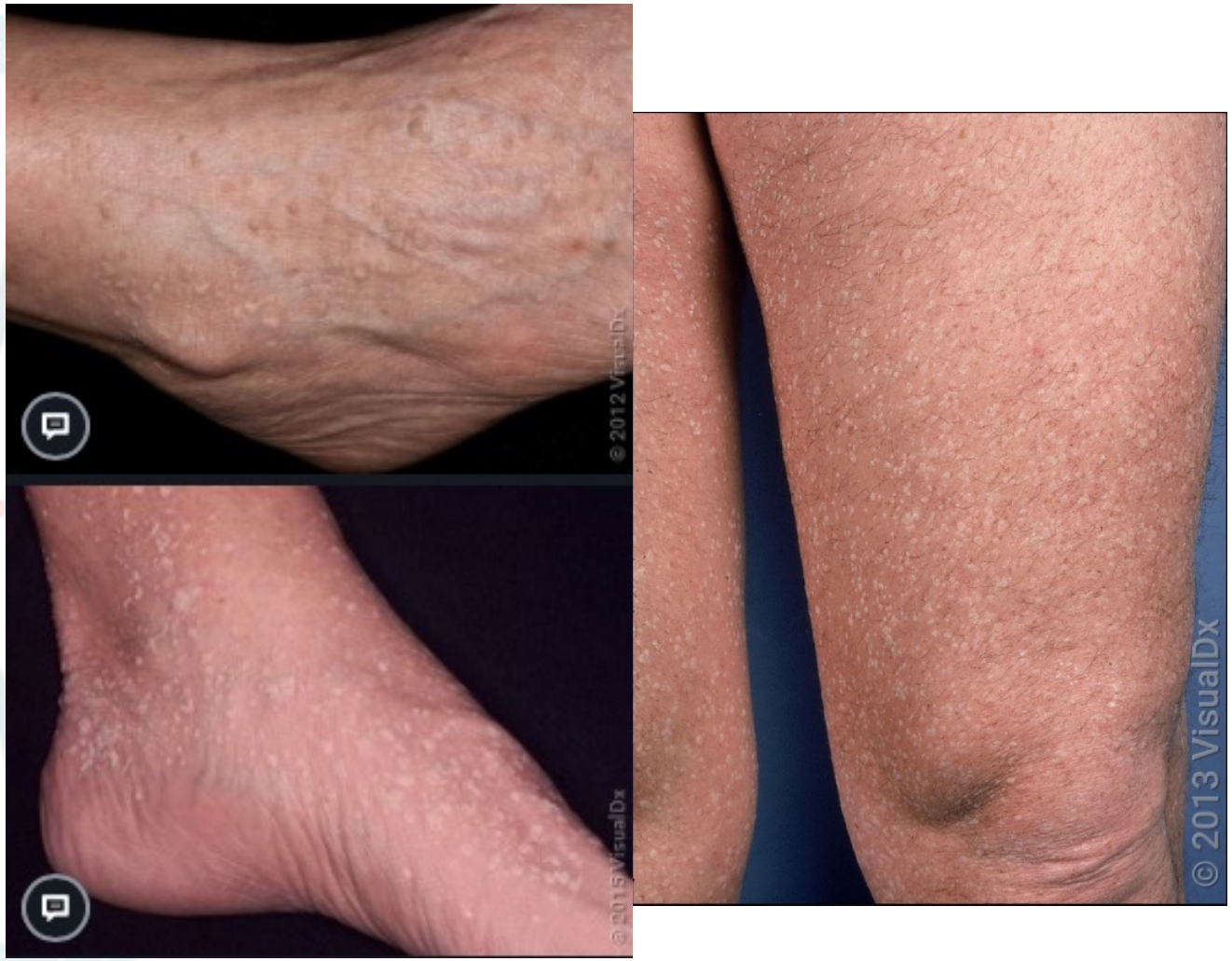
Common in darker skin types - 1-5mm hyperpigmented sessile or filiform papules

Onset in adolescence (earlier than typical SKs)

Distribution
Malar eminences, periorbital skin, forehead > neck, chest, and back

Management
Snip excision, curettage, light electrodesiccation
Cryotherapy typically avoided due to concern for hypopigmentation

SK variants: stucco keratosis

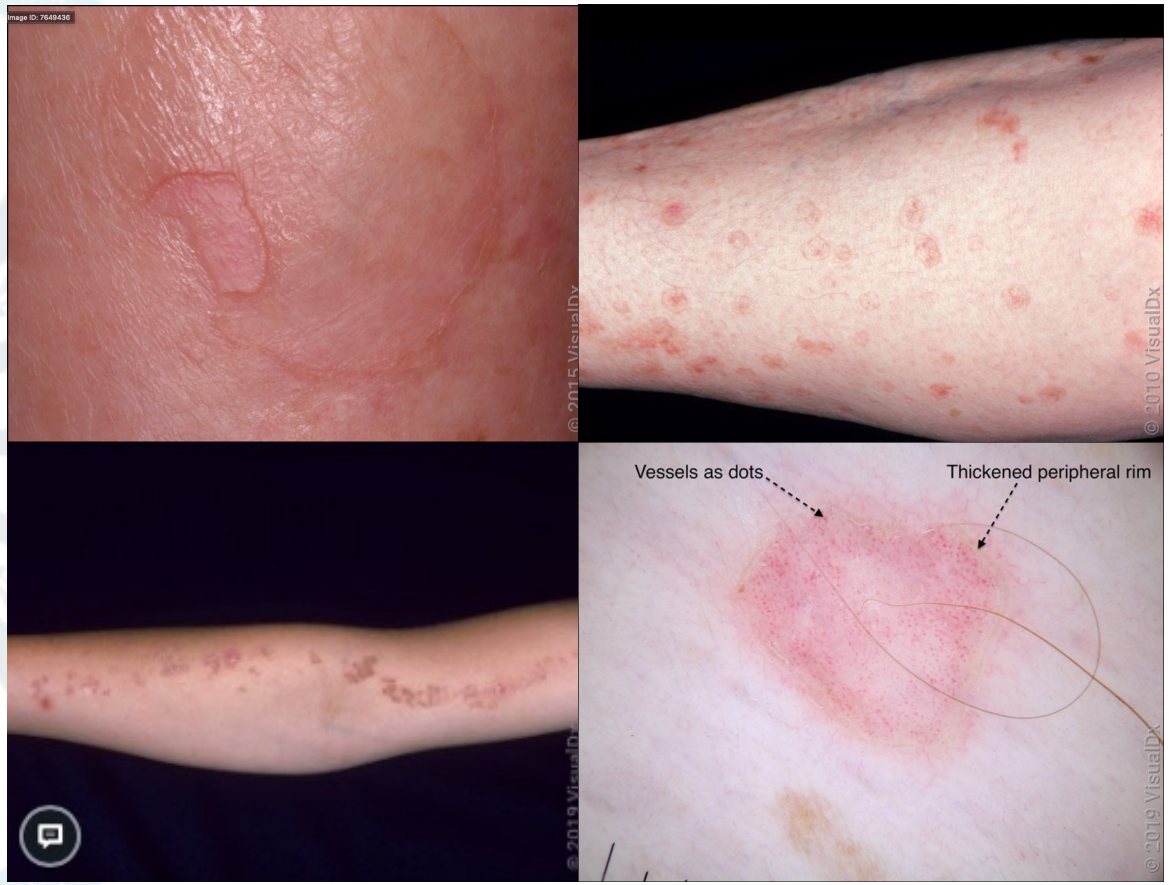


Common in elderly white males (M:F 4:1) - 1-4mm grey-white keratotic papules

Distribution
Lower extremities, especially dorsal feet and ankles

Management
Cryotherapy, electrodessication, curettage, urea, lactic acid, retinoids

Porokeratosis

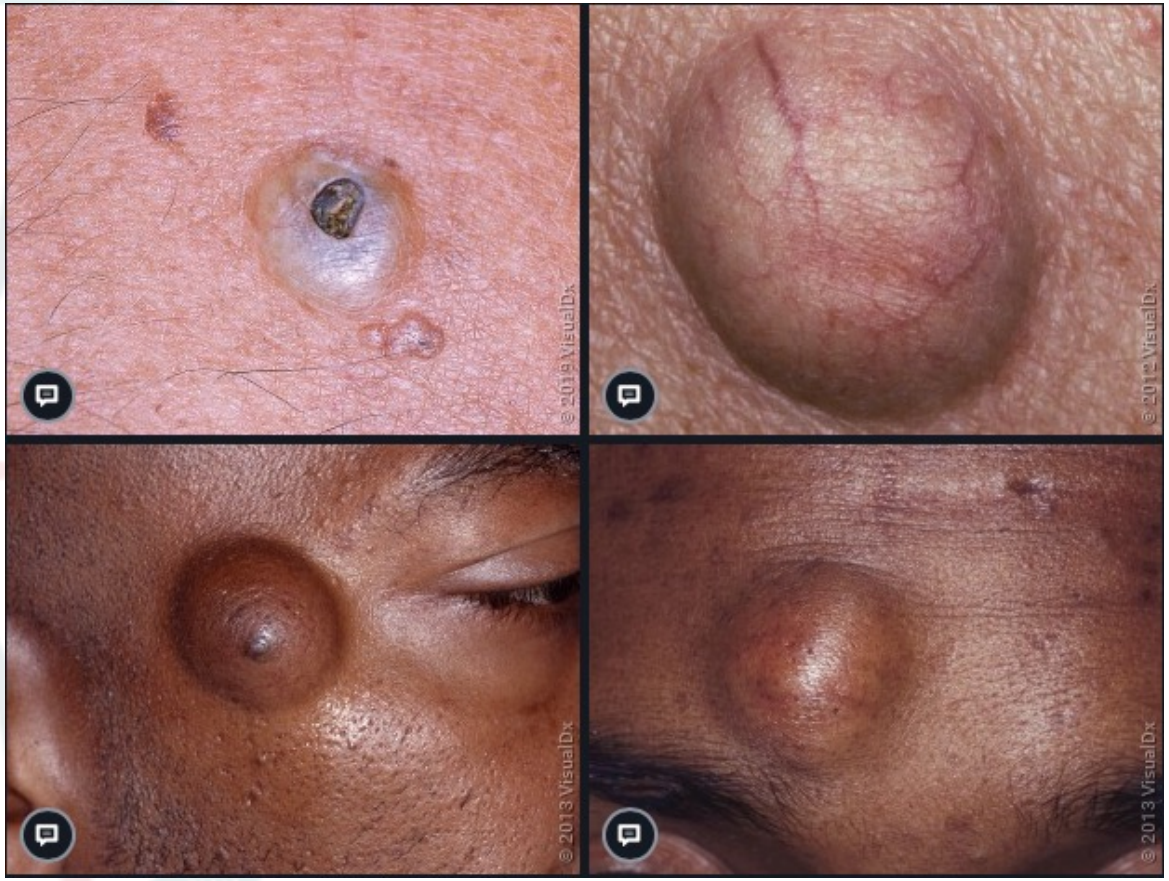


Porokeratosis of Mibelli:
- onset in infancy or childhood
- Usually on distal extremities
- large (often >3 cm) circinate plaque with keratotic border

Linear porokeratosis:
- onset in infancy or childhood
- Linear lesions following the lines of Blaschko
- **highest risk of progression to SCC**

Disseminated superficial actinic porokeratosis (DSAP):
- onset in middle age, F > M
- numerous brownish-red macules w/ keratotic borders in sun exposed areas, especially forearms and shins
- immunosuppression is risk factor

Epidermal inclusion cyst (EIC)



Variably sized skin-colored subcutaneous nodules with central punctum (when not inflamed) with soft cheese-like, malodorous, material that can be expressed from the opening

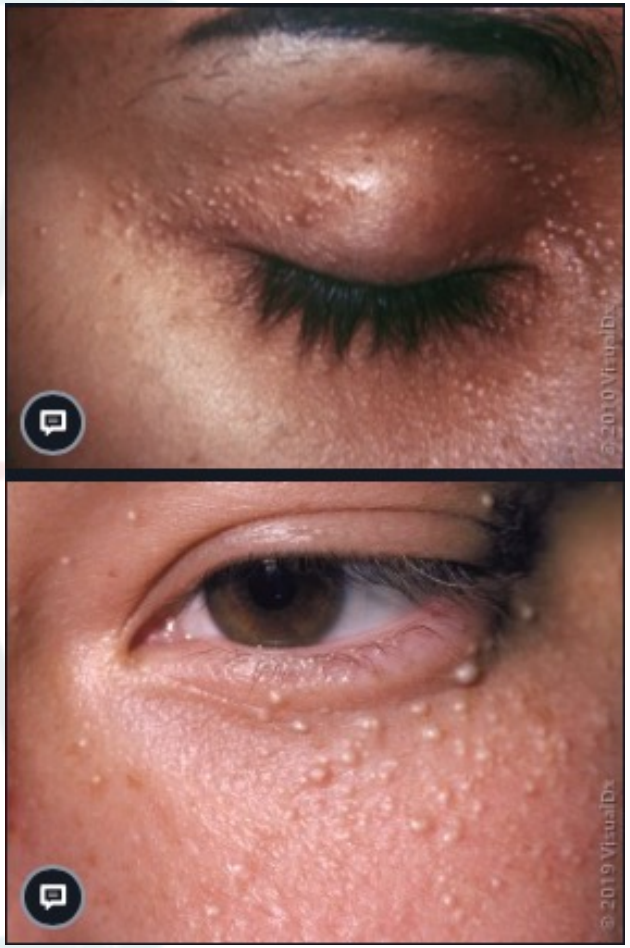
Onset typically after puberty

Distribution face and upper trunk

When cyst contents rupture into the dermis, there is an inflammatory response leading to significant redness and pain and is oftentimes confused with bacterial infection

Management
Inflamed: ILK, I&D with packing, +/- antibiotics

Milium (milia – plural)



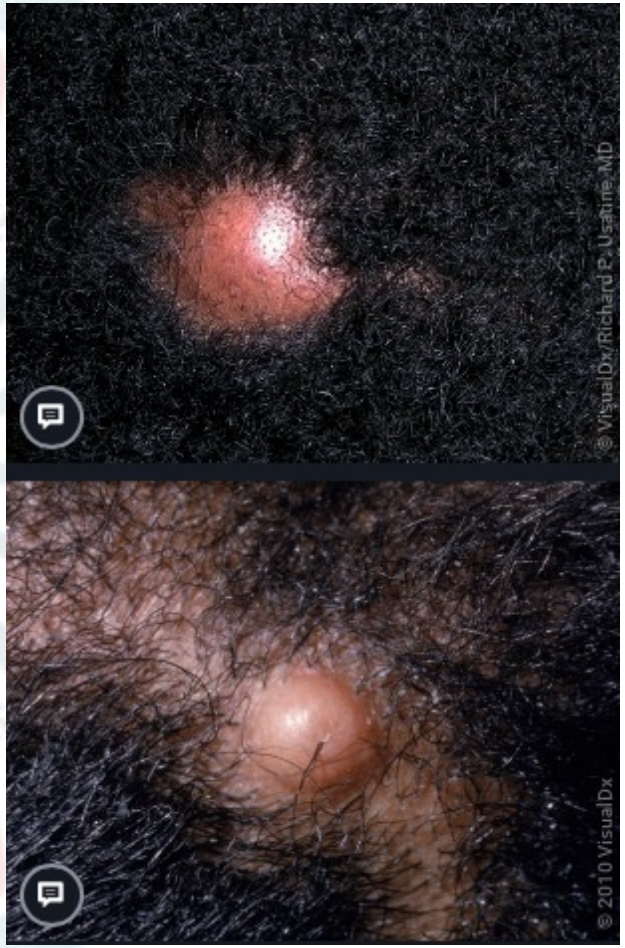
Small, superficial (1-2mm) epidermoid cyst that is white in color and is sometimes confused with white heads; sometimes grouped

Onset
Can be seen in newborns, children, and adults

Distribution
Central face, particularly periorbital region

Majority of patients with multiple facial milia have no underlying condition; however, there may be a secondary cause

Pilar cyst

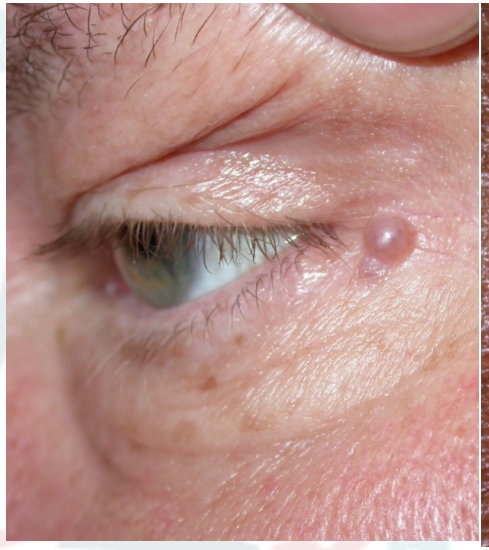


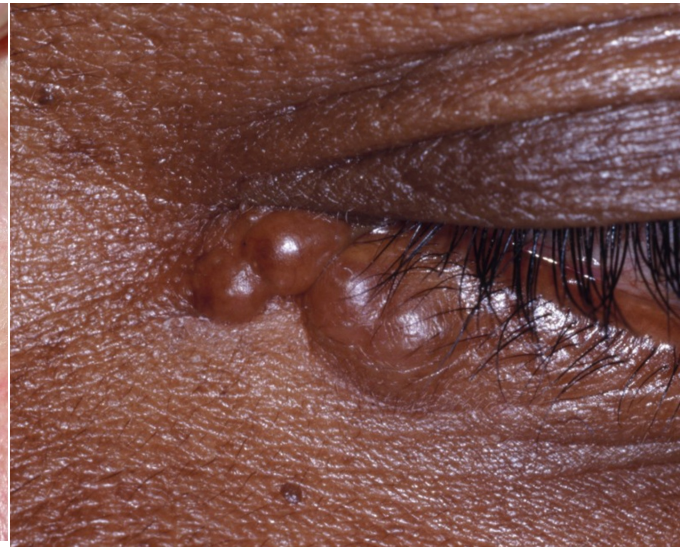
Solitary or multiple relatively firm nodules, usually on the scalp; sometimes there's overlying alopecia

Clinically indistinguishable from EICs

Surgical removal is easier than for EIC because less dissection from surrounding normal tissue is required

Hydrocystomas (apocrine and eccrine)



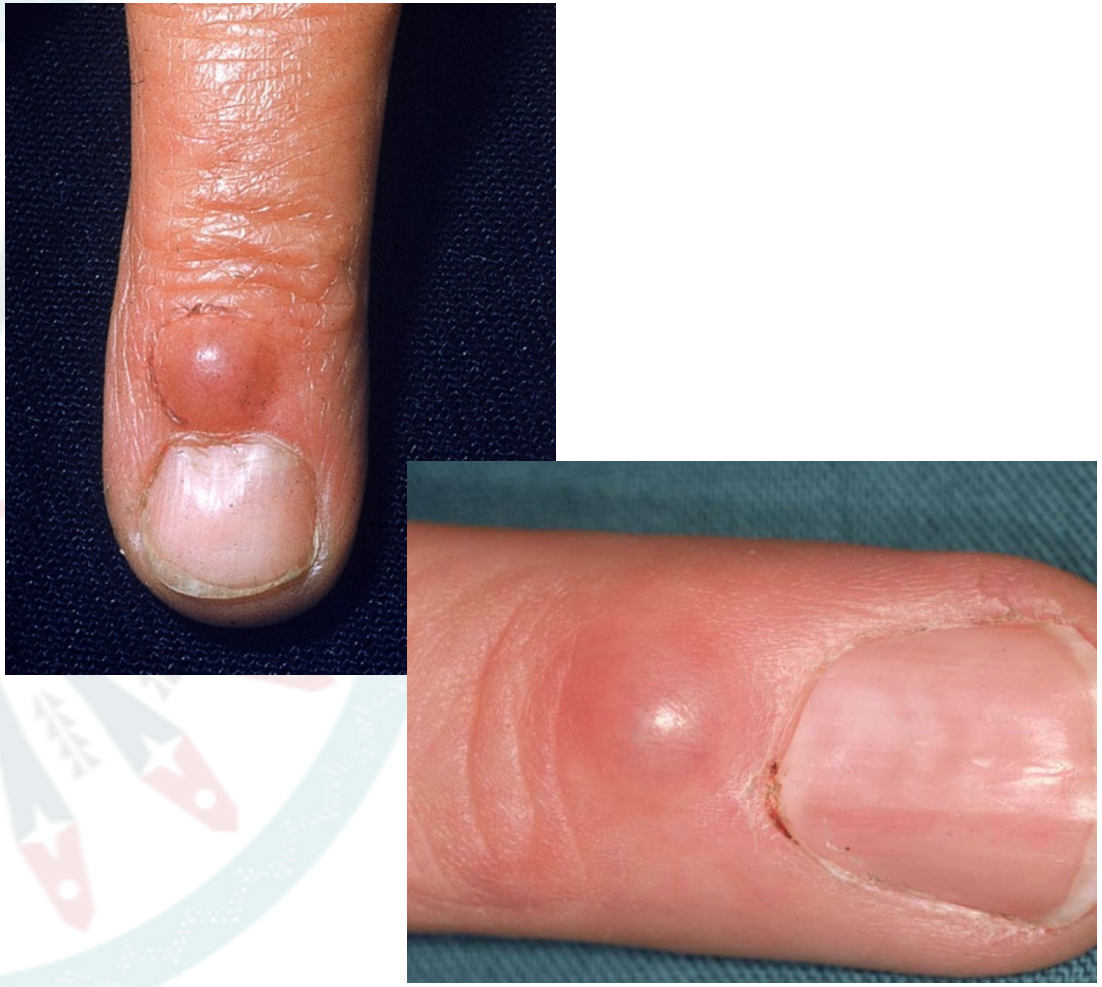


Eccrine hidrocystomas - uncommon cystic lesions, solitary or multiple, of the eyelids and face, most commonly seen in middle-aged women. They are thought to be due to cystic dilatations of the eccrine ducts due to retention of secretions.

Apocrine hidrocystomas - also known as sudoriferous cysts or Moll gland cysts, present as translucent or semitransparent, round, skin-colored or bluish masses containing a watery fluid.

Clinically indistinguishable from one another.

Myxoid cyst aka digital mucous cyst

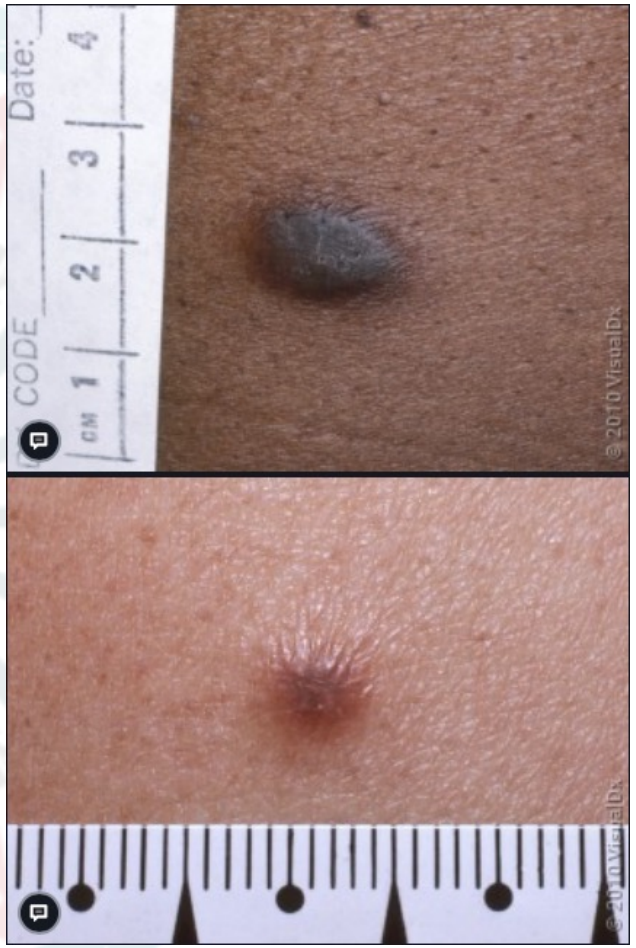


A myxoid cyst (also known as a digital mucous cyst or pseudocyst) is a ganglion cyst arising from the distal interphalangeal (DIP) joint of the finger or thumb.

Solitary, rounded, skin-colored or translucent papule or nodule.

Cysts are usually located on the dorsolateral aspect of fingers between the DIP joint and the proximal nail fold.

Dermatofibroma



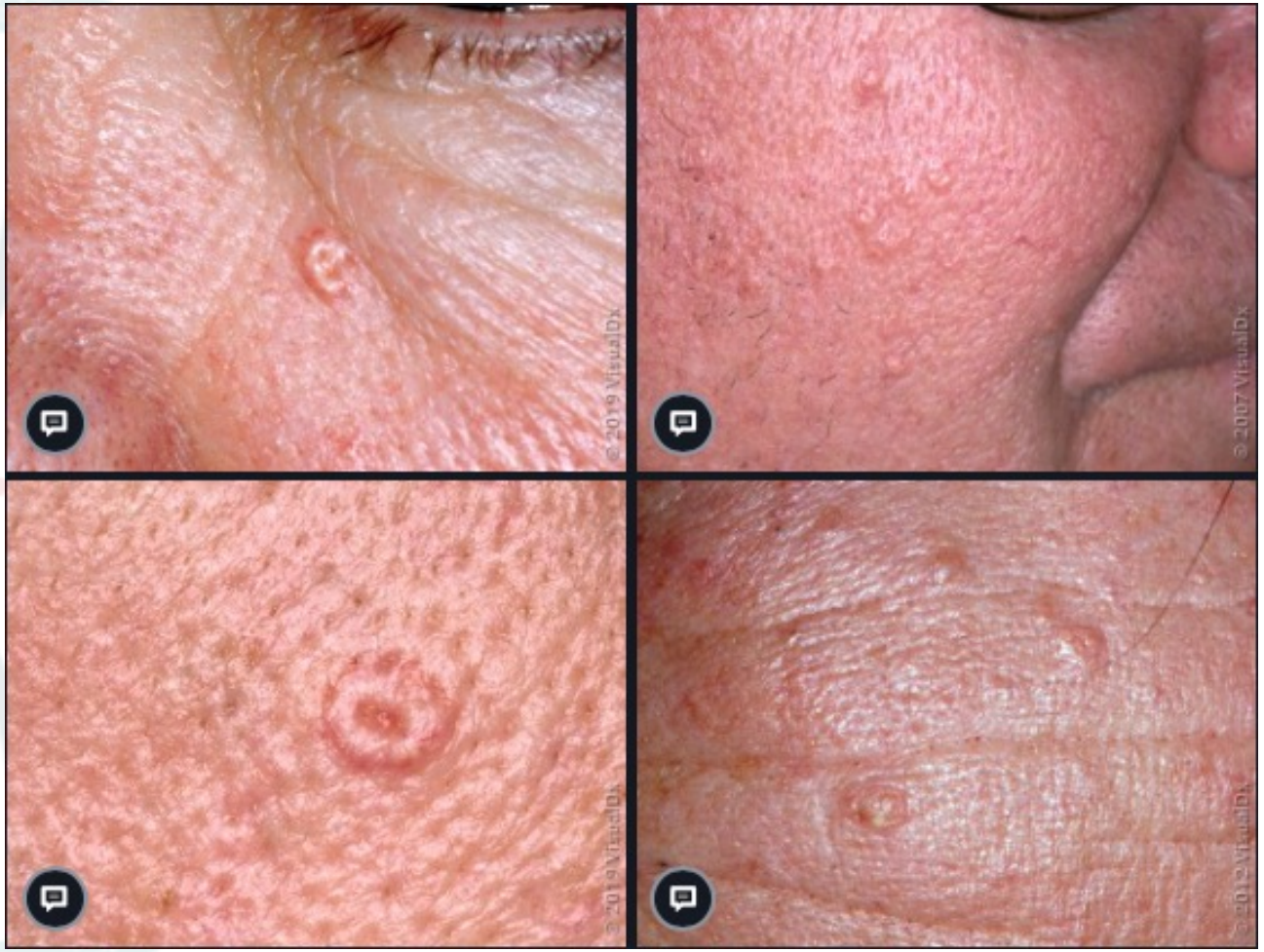
6-10mm pink to brown firm papule; dimples inward with lateral pressure (+ dimple sign)

Distribution
Often on the lower extremities; women > men

Some may arise at sites of trauma or insect bites

Not uncommon to have multiple. However, rarely, multiple eruptive dermatofibromas (MEDFs) may be seen in individuals with HIV, autoimmune disease (most frequently SLE), and pregnancy

Sebaceous Hyperplasia

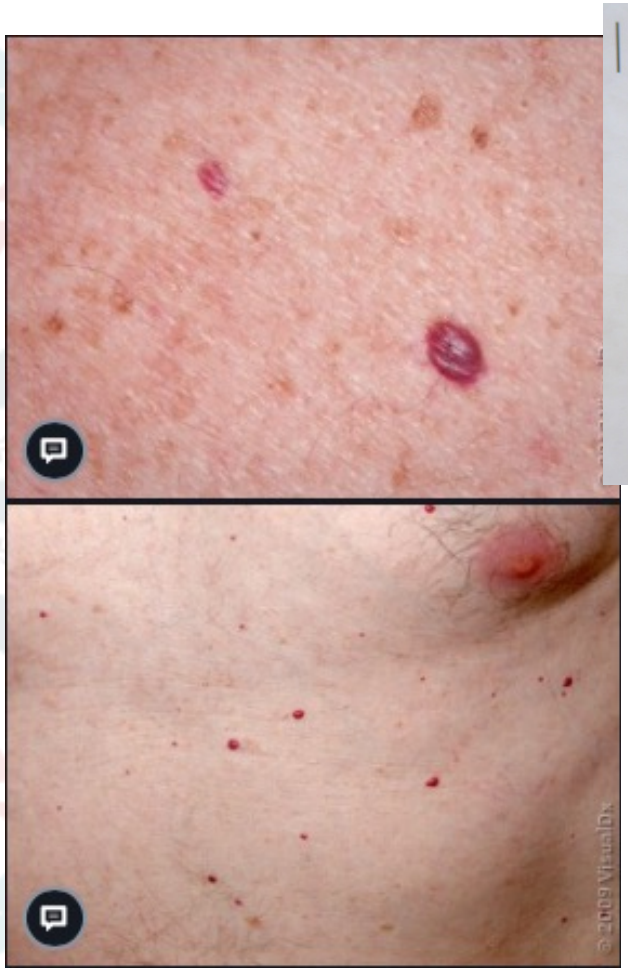


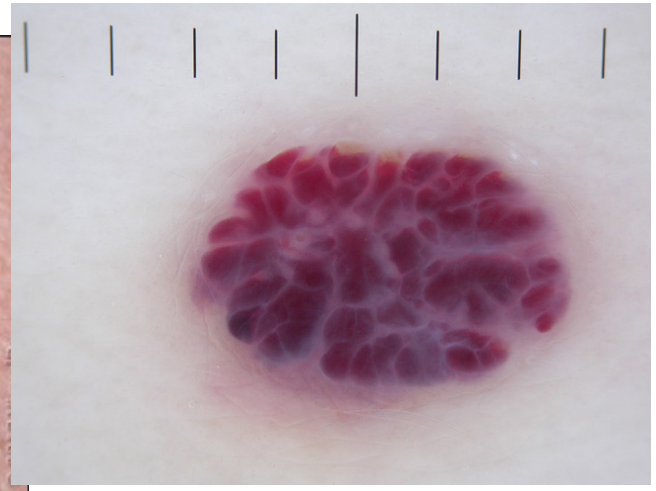
Not a true neoplasm but rather a local hypertrophy of the sebaceous glands

Yellow-pink papule, some with overlying telangiectasias and central umbilication, typically found on the face

Can sometimes be difficult to distinguish from BCCs, which are “pink pearly papules with arborizing vessels and a rolled border”

Cherry angiomas





Red/purple vascular smooth, domed papules; early lesions can be macular

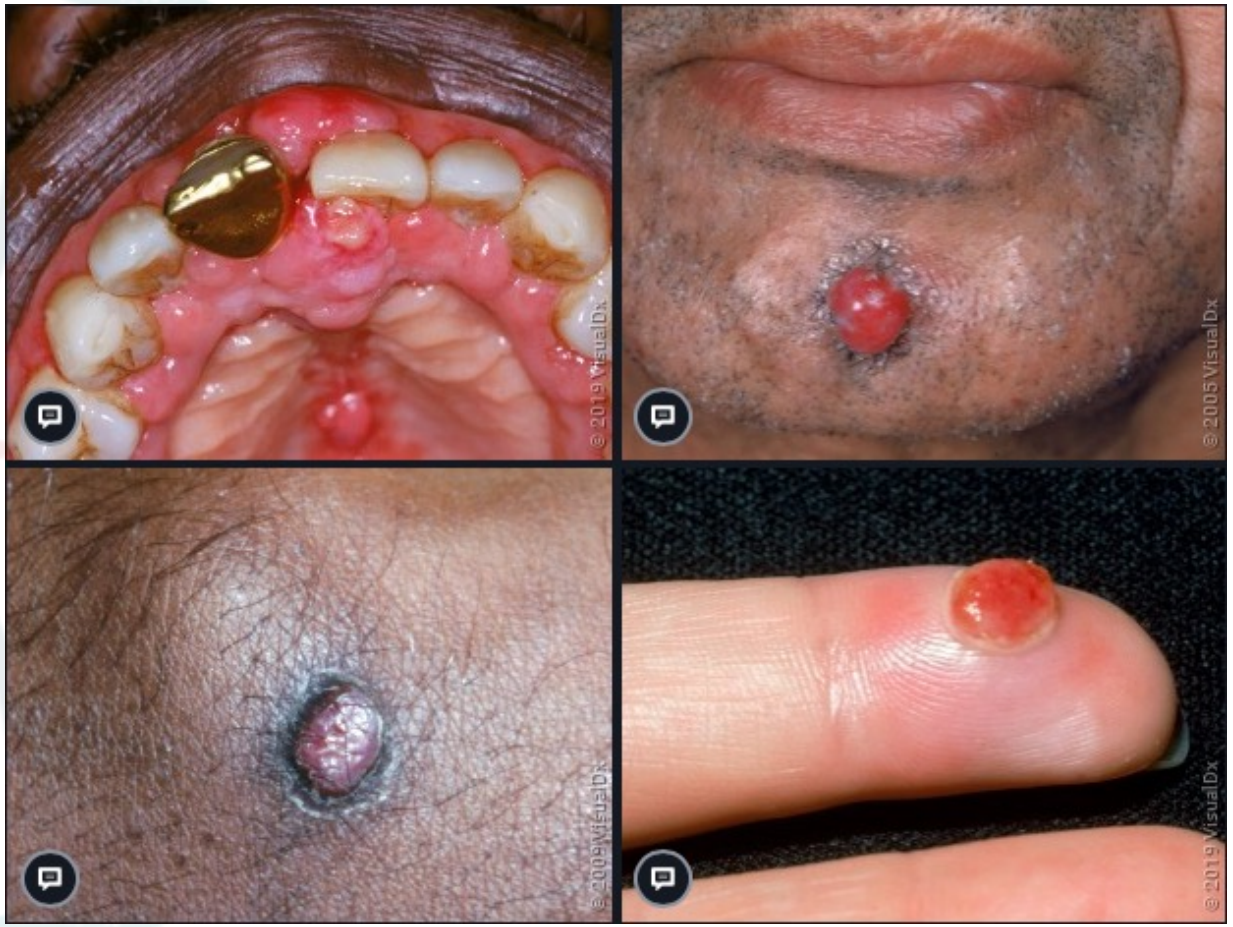
Can appear black when thrombosed

Most common type of acquired benign vascular proliferation and are composed of dilated thin-walled capillaries

Onset early adulthood

Pediatric Patients

Pyogenic granuloma



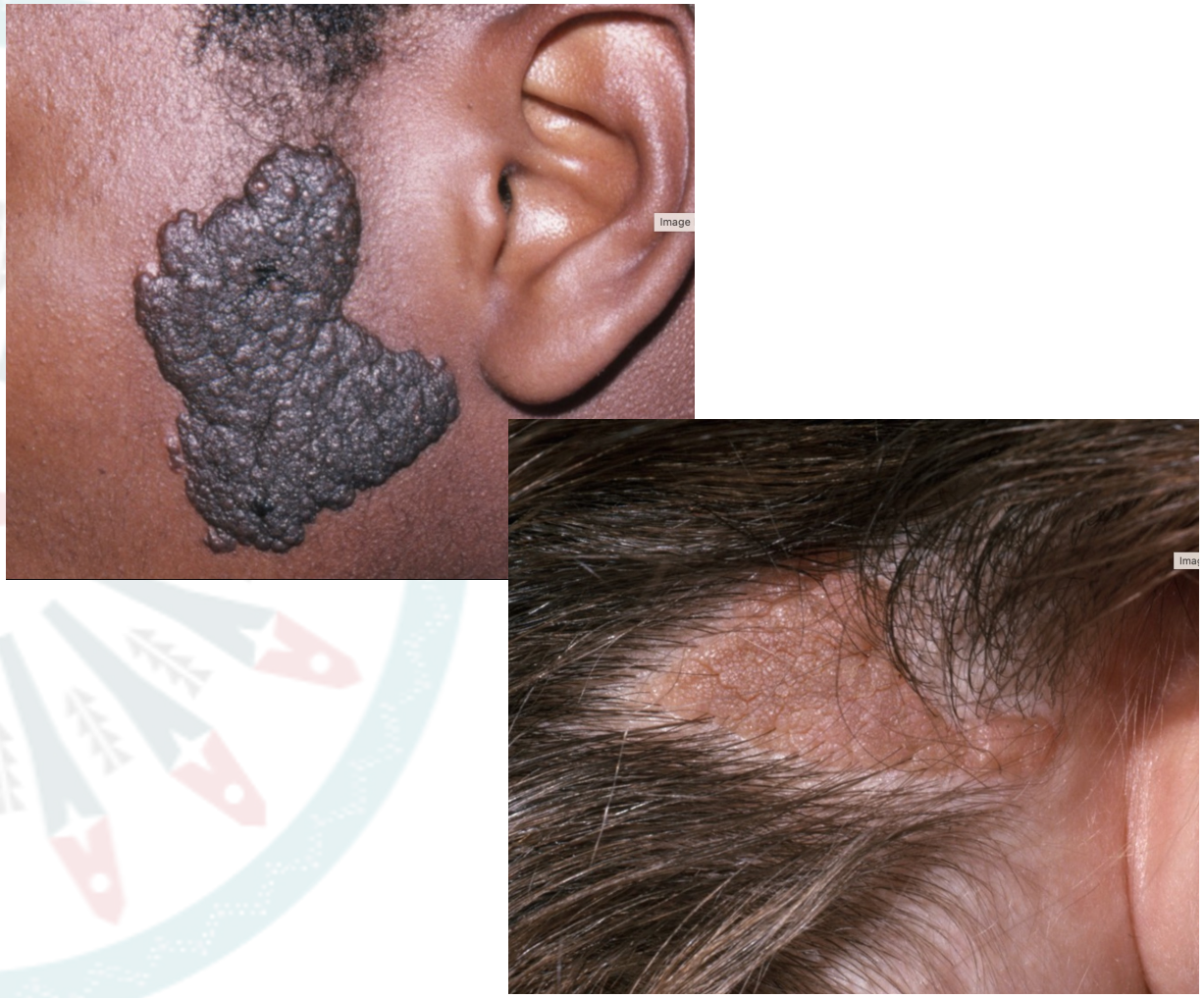
Rapidly growing, friable, red papulonodule that is sometimes pedunculated; often ulcerates and bleeds

Most common in children and young adults
May arise on gingiva of pregnant women - *granuloma gravidarum*

Distribution
Gingival and fingers > lips > face > tongue > body
Often at site of trauma

Ddx: need to distinguish from amelanotic melanoma and Spitz nevus

Nevus Sebaceus

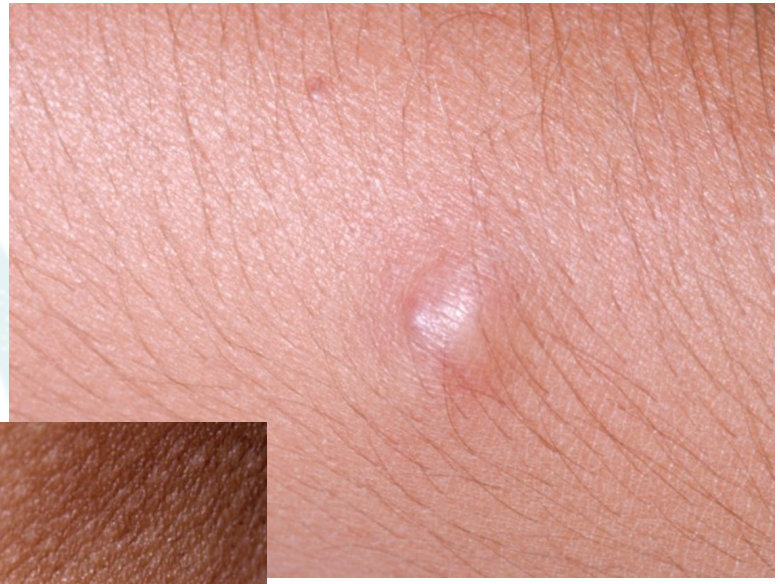


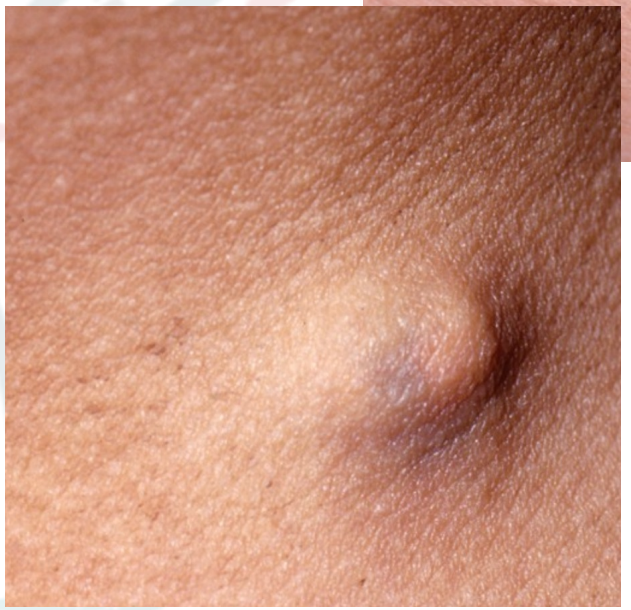
Common congenital hamartoma that is usually found on the scalp. It is considered a subtype of organoid epidermal nevus.

In adulthood, it usually appears as a solitary, hairless, well-demarcated, yellow-tan plaque with a velvety or verrucous surface, ranging in size from a few millimeters to a few centimeters.

Fertile field for secondary adnexal neoplasms. They are mostly benign adnexal tumors such as trichoblastomas and syringocystadenomas.

Pilomatricoma



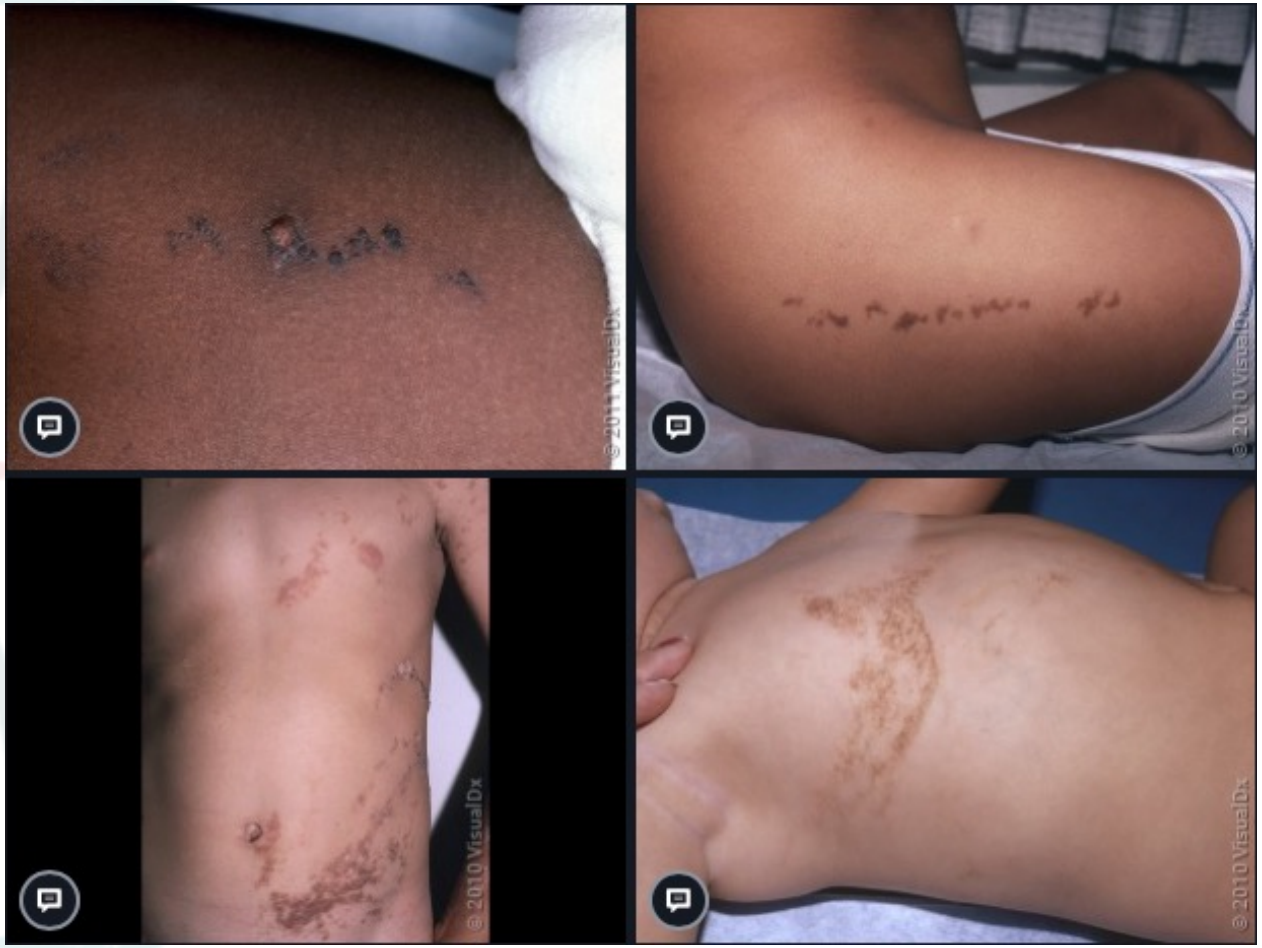


Pilomatricoma is a small benign tumor of hair cortex cell origin.

Pilomatricoma tends to arise during early childhood as solitary, asymptomatic tumors with either normal overlying skin or a bluish-red surface color.

Firm and irregular

Epidermal nevus

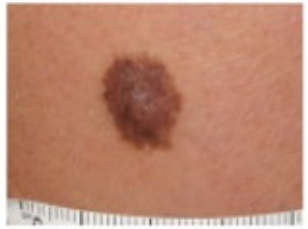
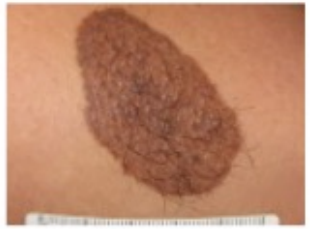
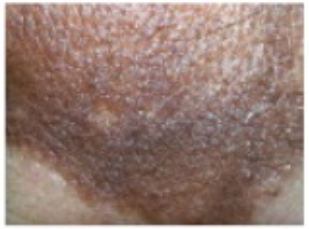
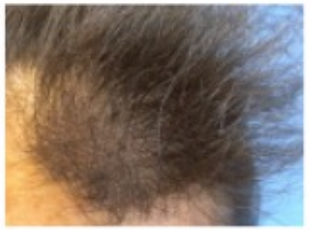
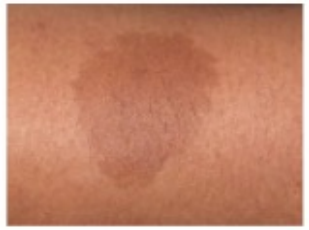
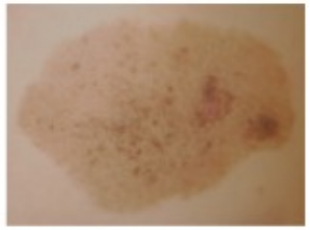
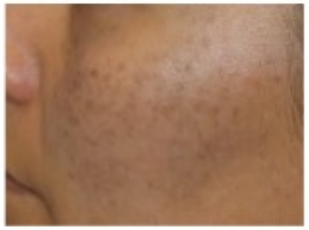
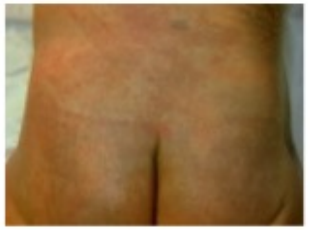


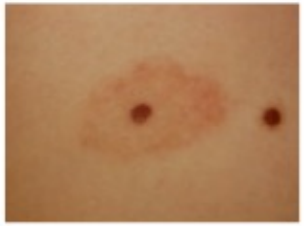
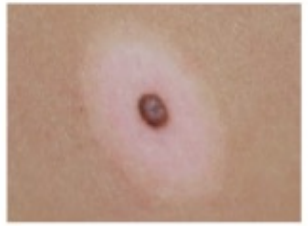
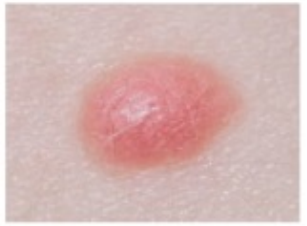
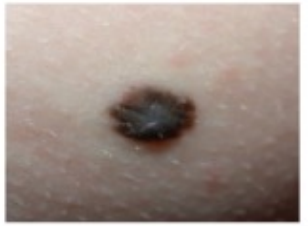
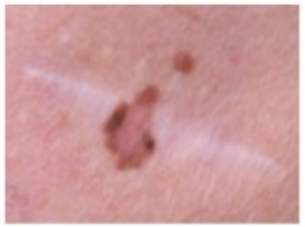
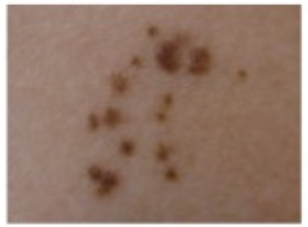
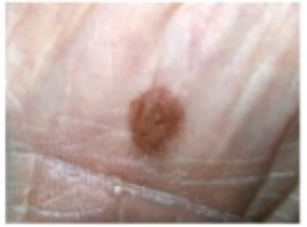
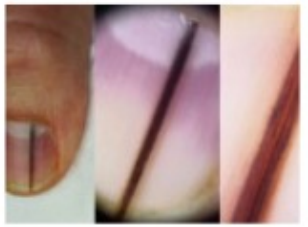
Hyperpigmented (rarely hypopigmented) papules and plaques along lines of Blaschko

Hamartomas of ectodermal origin; composed of a variety of epidermal cells and structures - keratinocytes, sebaceous glands, hair follicles, etc

Onset 80% during first year of life, can start off flat

When associated with other developmental abnormalities – termed epidermal nevus syndrome

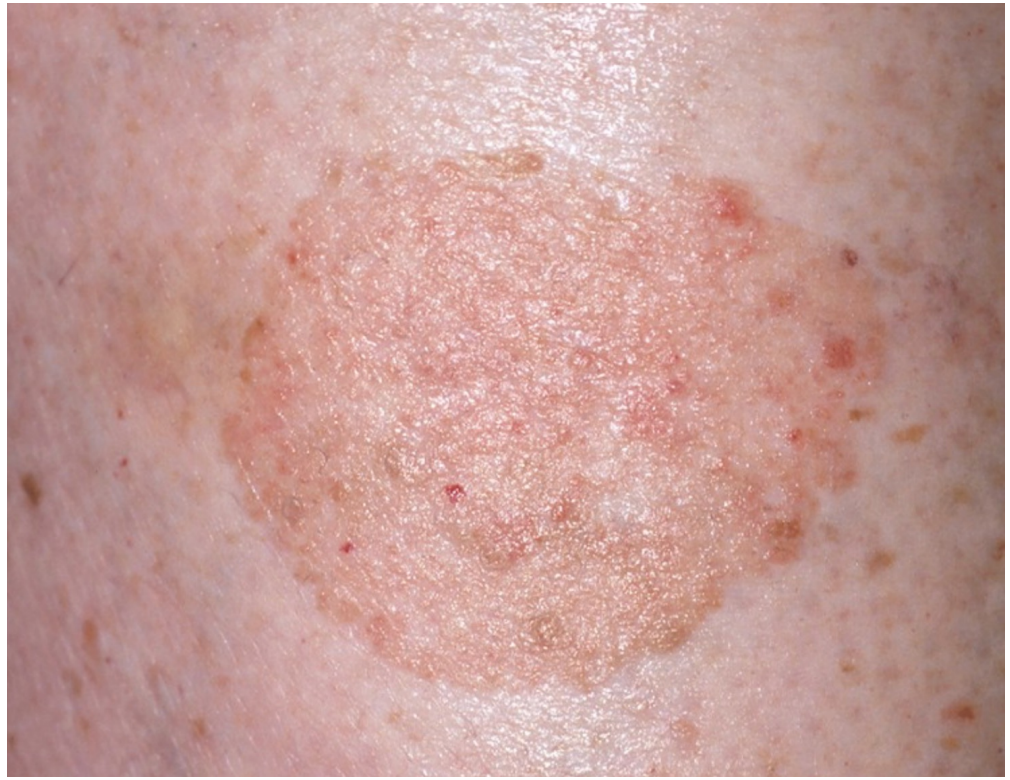
Congenital melanocytic naevi			
Small congenital naevus	**Medium congenital naevus**	**Giant naevus**	**Hairy congenital naevus**
Small congenital naevus is < 1.5 cm diameter.	Medium congenital naevi are 1.5–19.9 cm diameter.	A large or giant congenital melanocytic naevus is ≥ 20 cm	Hairy congenital naevi grow thick long hairs.
			
Café au lait macule	**Speckled lentiginous naevus**	**Naevus of Ota**	**Mongolian spot**
Café au lait macule is a flat brown patch.	Speckled lentiginous naevus is a flat brown patch with darker spots.	Naevus of Ota is a bluish brown mark around forehead, eye and cheek.	Mongolian spot is a large bluish mark most often seen on buttocks of a newborn.
			

Meyerson naevus	Halo naevus	Spitz naevus	Reed naevus
Meyerson naevus is a naevus affected by a halo of eczema/dermatitis.	Halo naevus or Sutton naevus has a white halo around the mole. The mole gradually fades away over several years.	Spitz naevus or epithelioid cell naevus is a pink (classic Spitz) or brown (pigmented Spitz) dome-shaped mole that arises in children and young adults.	Reed or spindle cell naevus is a very dark-coloured mole with spindle-shaped dermal melanocytes, usually found on the limbs.
			
Recurrent naevus	**Agminated naevus**	**Acral naevus**	**Nail unit naevus**
Recurrent naevus refers to the reappearance of pigment in a scar following surgical removal of a mole – this may have an odd shape.	An agminated naevus is a cluster of similar moles or freckles.	Acral naevus refers to one on the palm or sole.	Nail unit naevus causes a uniform longitudinal band of pigment on a nail. Image credit © Dr Ph Abimelec – dermatologue
			

Case #1

A 64 yo patient presents with the following skin lesion

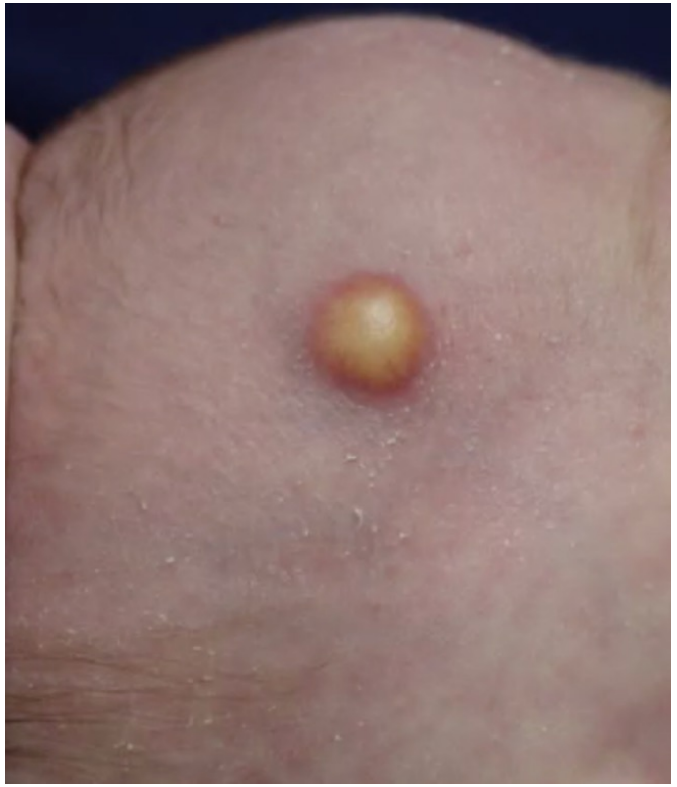
- Description?
- Additional history?
- Differential diagnosis?
- Next steps?



Case #2

A 6 month old, otherwise healthy, girl presented to your clinic with the following

- Description?
- Additional history?
- Differential diagnosis?
- Next steps?



Thank you

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