





Skin tumors

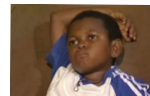


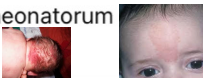





Tumor Type	Description	Common Locations	Treatment	Additional Notes
Pigmented Benign Tumors				
Seborrheic keratosis 	Benign growths of immature keratinocytes, greasy, wax-like texture.	Trunk, face, neck	Cryotherapy, laser therapy, or surgical excision	Increase with aging
Dermatosis papulosa nigra 	Multiple small pigmented papules, common in black skin.	Cheeks, forehead, neck, chest	No treatment required	Familial, commonly recurs
Skin tags (Fibroepithelial polyps) 	Small, soft, pedunculated skin lesions, associated with irritation, HPV, and endocrine changes. → DM2	Axillae, neck, groin, under breasts	Removal by shave under local anesthesia	
Lentigines (Freckles) 	Flat, brown macules on sun-exposed skin.	Sun-exposed skin	No treatment required	Increase in number with aging
Melanocyte nevi	Benign pigmented lesions, can be congenital or acquired.	Face, other body areas	Surgical removal if needed	Classified by size (small, medium, giant)

Melanocyte Nevi:

Type	Subtype	Size/Description	Location	Appearance
Congenital Melanocytic Nevi 	Small	Less than 2 cm	Present at birth	Varies in color; small in size
	Medium	2 to 20 cm	Present at birth	Larger than small nevi, increased risk of malignancy
	Giant	Greater than 20 cm	Present at birth	Large in size; significant risk of malignancy
Acquired Melanocytic Nevi    	1. Junctional Nevi	Flat, well-demarcated brownish macule	Dermo-epidermal junction	Flat, pigmented, brownish
	2. Compound Nevi	Pigmented, slightly elevated lesion	Epidermis and dermis	Pigmented, raised
	3. Intradermal Nevi	Elevated, non-pigmented lesion	Dermis, commonly on the face	Elevated, non-pigmented
	4. Blue Nevi	Deeply pigmented melanocytes situated deep in the dermis, resulting in a dark blue color	Deep in the dermis	Dark blue, smooth surface

Types	Junctional	Compound	Intradermal	Blue
Elevated		✓	✓	
Flat	✓			
Pigmented	✓	✓		✓
Non-pigmented			✓	



Vascular Tumors				
Naevus flammeus neonatorum 	Capillary malformations present at birth, pale pink that darken with age.	Head, neck	Pulsed-dye laser	Can be associated with Sturge-Weber syndrome
Port Wine stain 	Capillary malformations, appear at birth, unilateral with sharp midline border.	Head, neck	Pulsed-dye laser	Can darken to red or purple with age
Cavernous hemangioma <i>infantile + strawberry</i> 	Benign vascular tumor, red-blue papule or macule, common in infants.	Various locations	Propranolol, laser treatment, prednisolone, sclerotherapy <small>If bleed, ulcerate, interferes with visual development:</small>	Typically involutes slowly within a few years <i>1-9 years</i>
Spider Naevi 	Central vascular papule with fine lines radiating from it, more common in children and women.	Various locations	Pulsed dye laser or hyfrecation	Large numbers may indicate liver disease or connective tissue disorder
Cherry hemangioma 	Bright cherry red, dome-shaped papules, benign proliferation of dilated mature capillaries.	Trunk, upper extremities	No treatment required, removal if desired	Can cause profuse bleeding after trauma
Pyogenic granuloma 	Benign vascular tumor, rapidly growing, tends to bleed easily.	Face, hands	Surgical removal by curettage and cautery	Not infectious, associated with minor trauma

An adnexal tumor refers to a group of tumors that arise from the adnexal structures of the skin. The adnexa are the accessory structures associated with the skin, including the hair follicles, sebaceous (oil) glands, sweat glands, and apocrine glands.

Adnexal Tumors

Syringomas



Benign adnexal tumors of eccrine glands, multiple small, slow-growing lesions.

Face, trunk, groin

Shave removal or cautery

Usually for cosmetic reasons

Trichoepitheliomas



Benign, rare adnexal tumors of hair follicle origin, firm papules.

Face, scalp

Surgical removal or laser treatment

Can occur as single or multiple lesions

Milia



Small keratin cysts, transient papular exanthema following heat exposure.

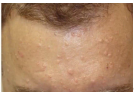
Various locations

No treatment required, removal with a sterile needle if needed

Common in newborns



Sebaceous gland hyperplasia



Benign enlargement of sebaceous glands, yellowish papules, associated with age or immunosuppression.

Face

Shave excision or cautery

Can be associated with Muir-Torré syndrome

Lipoma



Benign tumor of subcutaneous fat, soft and rubbery.

Made up of mature fat cells

Head, neck, shoulders, back

Surgical excision if symptomatic or for cosmetic reasons

Slow-growing and usually asymptomatic

Epidermoid cysts



Soft, well-defined, painless nodules containing keratin, may become inflamed or infected.

Various locations

Complete excision or punch extrusion

Pilar cysts



Similar to epidermoid cysts but derived from hair follicles, appear on the scalp.

Scalp

No treatment required unless symptomatic

Premalignant & Malignant

Actinic keratosis



Pre-cancerous, occurs on sun-exposed areas, rough, scaly patches.

Face, hands, limbs, scalp

Cryotherapy, excision

Can progress to squamous cell carcinoma

Bowen's Disease



SCC in situ, red, scaly patches, typically on sun-exposed areas.

Trunk, limbs

Excision, curettage, cryotherapy

Associated with HPV16, radiotherapy, and arsenic exposure

Basal cell carcinoma (BCC)



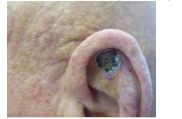
Most common skin cancer, usually on sun-exposed areas, slow-growing, and rarely metastasizes.

Face (mask area)

Surgical excision with clear margins

Associated with UV exposure, fair skin, age, and immunosuppression

Squamous cell carcinoma (SCC)



Develops in normal or pre-existing lesions like actinic keratoses, second most common skin cancer, fast-growing, may be painful.

Sun-exposed areas, chronic scars

Surgical excision

Associated with HPV, chronic scars, and immunosuppression

Melanoma

Highly aggressive and dangerous, arises from melanocytes, can develop from existing moles or appear as new lesions.

Various locations

Surgical excision, often with wider margins

Early detection is crucial for survival

Superficial Spreading melanoma Lentigo maligna melanoma

Nodular melanoma Acral melanoma Amelanotic melanoma