

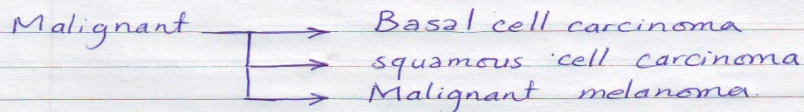
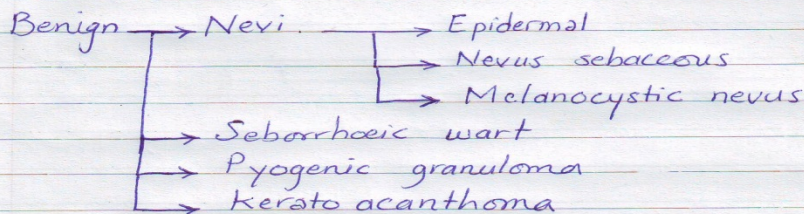
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SKIN TUMORS

Skin Tumors

①

Skin tumors can be divided into $\left\{ \begin{array}{l} \text{benign} \\ \text{malignant} \end{array} \right.$



BENIGN

Nevi : are benign proliferation of cells normally present in the skin ; types:-

① Epidermal nevus:

- it originates from the keratinocyte
- usually present at birth & persists throughout life
- it has wart-like appearance ; & linear configuration
- it can be left without Rx or excised for cosmetic reason

② Nevus Sebaceous

- it originates from the sebaceous gland
- usually present at birth in small size & gradually ↑ in size , reaching maximum size at puberty
- mostly in the head & Neck
- it is yellowish waxy plaque.
- Rx is prophylactic excision , because there is risk of malignant transformation.



(c) University Erlangen,
Department of Dermatology
Phone: (+49) 9131-85-2727



(c) University Erlangen,
Department of Dermatology
Phone: (+49) 9131-85-2727



(c) University Erlangen,
Department of Dermatology
Phone: (+49) 9131-85-2727



③ Melanocytic nevi (moles)

②

- they originate from melanocytes
- they are uncommon in infancy & ↑ in childhood & adulthood, & reach stationary period in middle age & ↓ in elderly.
- melanocyte proliferation would form (nests) ~~just~~

Junctional nesting → pigmented flat macule : junctional nevus

Compound nesting → pigmented papule or nodule : compound n.

Dermal nesting → non-pigmented papule or nodule : dermal n.
~~dermal~~

Seborrheic wart (keratosis)

- occurs in middle-aged or elderly people.
 - due to immature proliferation of keratinocyte.
 - C/F : well-demarcated, brown, stuck-on appearance
- Rx : ~~can~~ can be removed by simple curettage.

Pyogenic granuloma (proud flesh)

- Rapidly growing vascular tumor arising at the site of trauma
- occurs in children & pregnant women (commonly) also in umbilicus of newborn (umbilical granuloma)
- C/F : fleshy red friable nodule, easily bleed

Rx : Excision & cauterizing the base.



DOIA

(c) University Erlangen,
Department of Dermatology
Phone: (+49) 9131-85-2727



(c) University Erlangen,
Department of Dermatology
Phone: (+49) 9131 - 85 - 2727





(c) University Erlangen,
Department of Dermatology
Phone: (+49) 9131-85-2727



(c) University Erlangen,
Department of Dermatology
Phone: (+49) 91 31- 85 - 2727



(c) University Erlangen,
Department of Dermatology
Phone: (+49) 9131-85-2727



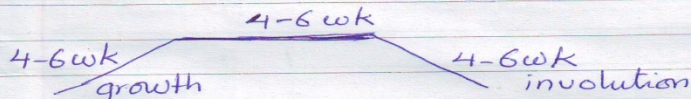


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Keratoacanthoma

③

- self-limiting tumor, affecting sun-exposed areas
- starts as rapidly-growing nodule with depression containing keratin plug.



H/P: resembles SCC (squamous cell CA)

Rx: curettage & cauterize the base

Malignant Skin tumors

① Basal cell carcinoma (BCC)

- commonest skin tumor all over the world
- originate from the basal layer of pilosebaceous follicle
- usually affect middle-aged people in sun-exposed area, esp. upper face
- it is due to prolonged & intensive exposure to sunlight.
- it is slowly growing ~~no~~ lesion, & it is locally invasive, no metastasis.



C/F: many types:

- ① nodulo-ulcerative (Rodent Ulcer)
- ② pigmented type (like melanoma)
- ③ superficial type (psoriasisiform)
- ④ Morphoeic type (cicatricial)
- ⑤ Cystic type

Rx: ① Surgical excision, esp. big or ulcerative lesion
② Electrocautery, esp. for small or superficial type
③ Radio Rx



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(c) University Erlangen,
Department of Dermatology
Phone: (+49) 9131-85-2727





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Department of Dermatology





(c) University Erlangen,
Department of Dermatology
Phone: (+49) 9131- 85 - 2727





(c) University Erlangen,
Department of Dermatology
Phone: (+49) 9131 - 85 - 2727



DOIA

(c) University Erlangen,
Department of Dermatology



DOIA

(c) University Erlangen,
Department of Dermatology
Phone: (+49) 9131-85-2727





(c) University Erlangen,
Department of Dermatology
Phone: (+49) 9131-85-2727



Squamous cell Carcinoma (SCC)

④

- it is derived from keratinocytes
- There are many predisposing factors :-
 - ① UV light: prolonged & intensive exposure to UV light (i.e. many years, esp. in those with fair skin, blond hair)
 - ② Irradiation
 - ③ Chronic irritation to scar $\left\{ \begin{array}{l} \text{as in burn scar} \\ \text{or in TB scar} \end{array} \right.$
sinus
fistular
 - ④ Genetic disorder e.g. patient with XP more liable to have SCC.
 - ⑤ Viral infection: esp. genital HPV type 16, 18 (oncogenic v.)

C/F: appears as ulcerative nodule, s.t with adherent crust which if untreated \rightarrow ulcerate deeper \rightarrow metastasize to LN \rightarrow then distant metastasis

NB: KA $\xrightarrow{\text{rapid}}$ SCC $\xrightarrow{\text{slow}}$ BCC (rapid evolution)
Rapidly of growth
KA \rightarrow weeks SCC \rightarrow month BCC \rightarrow years

- Rx: ① Surgical exision with safety margin or more accurately through Mohs surgery
- ② Radio Rx -



(c) University Erlangen,
Department of Dermatology
Phone: (+49) 9131-85-2727



[c] University Erlangen,
Department of Dermatology
Phone: (+49) 9131 - 85 - 2727





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(c) University Erlangen,
Department of Dermatology

Malignant Melanoma (MM)

(5)

- The most dangerous tumor in the west
- originate usu. from epidermal melanocyte
- mainly affect white-skinned people in the west
- it arises either (de novo) or from pre-existing nevus

There is a rule "ABCD" to suspect normal moles to be MM

A: Asymmetry

B: Border irregularity, bleeding

C: Color variation

D: Diameter: ↑ in size

C/F: - Lentigo maligna
- Superficial spreading MM
- Nodular MM
- Acral MM

Lentigo Maligna:-

- * occurs ~~in~~ most often on the face of elderly patient with chronic sun-damaged skin
- * pigmented patch with uneven darkening, growing over several years

Superficial spreading MM

- * No preference to sun-exposed skin
- * common site: shin in ♀, upper back in ♂
- * highly pigment variation with rapid superficial spreading, more than Lentigo M.

Nodular Melanoma

- * rapidly aggressive nodular lesion with deep vertical invasion

Acral Melanoma

- * usu. affect acral parts as ~~black patch~~ black patch



DOIA

(c) University Erlangen,
Department of Dermatology



(c) University Erlangen,
Department of Dermatology
Phone: (+49) 9131-85-2727



DOIA

(c) University Erlangen,
Department of Dermatology



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UoE University Erlangen
Department of Dermatology



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(c) University Erlangen,
Department of Dermatology

⑥

Rx of MM

① Surgical excision with at least 1 cm safe margin

② if metastasis → bad prognosis → palliative Rx
 ↓
 (RadioRx, cytotoxic)

THANK YOU