Skin

Benign skin tumours	Description	Treatment
1.Papilloma(wart):	Finger like projection of all skin layers. Usually infective (papilloma virus). Pedunculated or sessile.	Cauterization (small or multiple). Excision (large).
2. Scars: **Fibrous tissue proliferation following: Trauma, surgery, infection. -Usually flat-**	**a.Hypertrophic scar:** Excessive fibrous tissue in a scar. Confined to the scar. No neovascularization. Wound infection is an important factor. Clinically it is a raised, non tender swelling with **no itching**. It may regress gradually in six months. Does not usually recur after excision.	Injection (hyaluronidase, steroids). Excision & grafting.
	b.Keloid: Excessive fibrous and collagen tissue with neovascular proliferation in a scar. Usually **extends** beyond the original scar. Initially raised, pink, tender, **itchy** & may ulcerate. More common in dark skinned people. Progressive vs non progressive. Aquired vs spontaneous.	
3.Pyogenic granuloma	Excessive granulation tissue growth in ulcers. Firm, bright, red selling that bleed on touch. Recurrent bleeding when exposed to Trauma.	Cauterization vs excesion
4.Haemangioma	It is a developmental malformation of blood vessels rather than a tumour. Types: capillary, cavernous, arterial. It commonly occurs in skin & sub cutaneous tissue but other organs: lips, tongue, liver, brain may be affected.	
Malignant skin tumors; **1. Basal cell carcinoma (BCC):**	Ulcerated tumour of basal cell layer of skin. Middle aged white tropical males (Australia). Common in face. Low grade & slowly growing tumour (years).	Radio therapy & surgery.

	Clinically: Rolled-in edges (inverted) with attempts of healing. Floor showes an un healthy granulation with a scab. The base is indurated and may be fixed to bone. Spreads locally (usually no L.N metastases).	
2.Squamous cell carcinoma (Epithelioma)	Arise from squamous cell layer of skin or mucus membrane. It may arise from metaplasia of columnar epitheleum due to chronic irritation (gall bladder, bronchus, stomach .etc.). It can occure any where in the body, M>F. More malignant and rapidly growing than BCC. Edges are rolled out (everted). Spreads: Locally, L.N & blood.	Radiotherapy & Surgery
3.Marjolin ulcer	It is a low grade squamous cell carcinoma arising in chronically inflammed ulcers or scars.	Radiotherapy & Surgery
4.Naevus (mole)	A localized cutaneous malformations. Includes moles & birth marks. They may present at birth, or even later. Types: Junctional, Intradermal, Compound, Blue naevus, Juvenile & Freckle. **Evidences of malignant change**: Increase in size. Change to irregular edge. Change in thickness, colour, surrounding tissue. **Symptoms:** itching, bleeding discharge. lymphadenopathy. Microscopic evidence.	
5.Malignant Melanoma	It a rare but most rapidly infiltrating skin tumor. De-novo (10 %), Pre-existing naevus (90 %). **Metastasis:** Local & satellite nodules, Lymphatic, Blood (liver, lung, bone, etc).	
Skin Cysts	It is a post traumatic dermoid. Commonly in	Excesion is curative.

1. Implantation Dermoid:	fingers and hands of farmers & taylors. Tense, may be hard tender swelling. Attached to skin which may be scarred. Contains desquamated epithelial cells. Pain & ulceration may occure following repeated trauma.	
2. Sebaceous Cyst:	It is a retention cyst due to blockage of its duct. Lined by squamous epithelium and contains sebum & desq. Epithelium. Commonly in scalp, Face, scrotum & vulva (never in palm & sole). **Clinically:** Spherical, cystic or tense swelling, attached to skin with punctum that may discharge sebum upon squeezing. Indentation and fluctuation tests may be positive. But transillumination test is negative. **Complications:** Cosmotic, Infection, ulceration. Cock peculiar tumour (granuloma due to ulceration). Sebaceous Horn (inspissated secreted sebum)	Excesion – (un infected cyst). Drainage followed by excesion- (infected s/c)
3.Subcutaneous Lumps	**Cystic swellings:** **Congenital:** dermoid cyst, cystic hygroma, haemangioma. **Acquired:** abcess, parasitic, haematoma. Solid swellings (Commonly benign): Shwanoma, neurofibroma,lipoma (rarely malignant).	
4.Dermoid cyst	**Clinically four varaieties:** 1. Sequestration dermoid. 2. Implantation drmoid. 3. Tubulo-dermoid. 4. Terato-dermoid.	
5.Sequestration dermoid	It is a true congenital cyst c.f. implantation d. Ectodermal tissue burried in mesoderm forming	

	a cyst lined by squamous epith.and contains paste-like desquamated epith. Common at lines of Embryonic fusion **sites:** Midline: neck & root of nose, Scalp, Inner or outer angles of eyes. **Clinical features:** Painless, spherical,cystic mass, Smooth surface. Not attached to skin cf. seb. Cyst. No punctum cf. seb. Cyst. Not compressible cf. memingocele. Cough impulse & bone indentation (scalp). Transillumination test + ve.
6.Tubulo-dermoid	Cystic swelling arising from the non-obliterated part of congenital duct or tube which fills up by secretions of lining epith. **Examples:** Thyrpglossal cyst (remnant of thyroglossl duct). Post-anal dermoid (remnant of neuro-enteric canal). Epindymal cys tin brain (rem. Of neuro-ectoderm canal).
7.Teratomatous dermoid	Cystic swelling arising from the totipotent cells with ectodermal preponderance. Ovary: Ovarian cyst. Testes: Teratoma. Mediastinum. Retroperetoneum. Pre-sacral area. They usually contain derivatives of mesoderm (cartilage, bone, hair, cheasy material).
8.Cystic hygroma	A congenital malformation affecting lymphatic channels. Appears early, multilocular,filled with clear fluid (transillumination + ve). Lined by columnar epith. **Common in:** neck,

	axilla, groin, medistinum & tongue.	
9.Branchial cyst	A congenital cyst in persistent cervical sinus. Below angle of mandible, behined mid s.mastoid.m. Tense,distinct edges, +ve flyctuation and –ve transillumination. Contains cholestrol crystals (diagnostic). **Differential diagnosis:** Cold abcsess, dermoid c,plunging ranula,cystic hyg., Carotid body tumour,lymph node,sub.mand.s.gland.	
10.Ganglion	It a cystic swelling of synovial membrane of tendon or capsule in small joints. Myxomatous degeneration. May be communacating. **Common sites:** Dorsum of wrist, dorsum of foot and ankle, palmar aspect of wrist & fingers. **Clinically:** Slowly growing lump. Common in females. Spherical, firm, cystic swelling. Mobile across tendon axis but limited along longitudinal axis.	Excision
11.Lipoma	It is a benign tumour of adipose tissue. The **most common** benign tumour in subcutaneous tissue. Common in trunk,neck and limbs. Encapsulated v.s. diffuse. May be mixed e.g: fibrolipoma , neurolipoma , haemangio-lipoma. Dercum"s diseas (multiple lipomatosis). **Clinical features:** Painless ,soft and lobulated lump. Well defined edges & skin is free. Slipping sign positive. Freely mobile. Fluctuation test is negative. Tranillumination test is negative. **Complication:** Necrosis, calcification, haemorrhage, infection & rarely malignancy.	Small **asymptomatic** – re-assurance **Symptomatic:** Surgical excision. Liposuction.
12.Neurofibroma	Tumour of nerve connective tissue (not neurons).	Excision

	Types: Localised or solitary NF. Generalized (Von-Recklinghausen"s disease). Plexiform NF. Elephantiasis NF. Cutaneous NF. **Cinical features of N.F:** Encapsulated, rounded or elliptical swelling. Smooth, firm with well defined edges. Tenderness and parasthesia may be present. Mobility may be deminished along nerve-axis.
13.Multiple neurofibromatosis (V-R disease)	Inhereted as an autosomal dominant disease. More common in **males**. Multiple tumours- with Cafe-au-leit spots. Peripheral and cranial nerves may be affected. May be associated with other tumors (eg, endocrine).