

Swelling	Description	Features	Treatment	Notes
Benign solid skin lumps				
1.Papilloma (wart)	-Finger-like projection of all skin layers. -could be pedunculated or sessile	-	<ul style="list-style-type: none"> • If small or multiple → Cauterization • If large → surgical Excision. 	-
2.Pyogenic granuloma	Excessive granulation tissue growth in ulcers	-firm, red swelling that bleeds on touch -recurrent bleeding after Trauma	<ul style="list-style-type: none"> • If small or multiple → Cauterization • If large → surgical Excision. 	-
3.Hypertrophic scar	Excessive fibrous tissue in a scar	-raised , non-tender swelling , No itching -confined to the scar. -no neovascularization. -does not usually recur after excision	Silicone gel and steroid injections	
4.Keloids	Excessive fibrous and collagen tissue	- Raised, pink, tender, itchy and may ulcerate. -More common in dark skinned people.	- Injection - Excision & grafting	
5.Haemangioma	Developmental malformation of blood vessels	- commonly in skin & subcutaneous tissue - could be in deep organs		types: <ul style="list-style-type: none"> • Capillary • Cavernous • Arterial
6.Naevus (mole):	- A localized cutaneous malformations. - Includes moles & birthmarks. - may present at birth or later.			Types: <ul style="list-style-type: none"> • Junctional • intradermal • Compound • Blue naevus • Juvenile • Freckle
Evidences of malignant change of nevus malignant melanoma:				
<ul style="list-style-type: none"> •Increase in size •change to irregular edge •change in thickness •change in colour •change in surrounding tissue •symptoms e.g: itching, bleeding discharge •Lymphadenopathy •microscopic evidence 				
Malignant solid skin lumps				
1.Basal cell carcinoma (BCC)	Ulcerated tumour of basal cell layer of skin	- low grade, slowly growing tumor - does not metastasize (NO L.N metastases) - Inverted edges (Rolled-in) - floor: unhealthy granulation with a scab. - Base: indurated and maybe fixed to bone. - spreads locally	Local excision +/- radiotherapy	Common in: <ul style="list-style-type: none"> - Middle aged white tropical males - Common in face.
2.Squamous cell carcinoma (Epithelioma)	Arise from squamous cell layer of skin or mucous membrane	- malignant/aggressive and rapidly growing . - Everted edges (rolled out) Locally spread may also spread to L.N, and blood.	If there is no metastases → Surgery with Radiotherapy.	- It can occur anywhere in the body. (gallbladder, bronchus, stomach .etc.) - More common in males

3. Marjolin ulcer	Low grade squamous cell carcinoma arising in chronically inflamed ulcers or scars.		Surgery with Radiotherapy	
4. Malignant Melanoma:	Most aggressive of all skin malignancies	It is rare but most rapidly/aggressive infiltrating skin tumour. - Pre-existing naevus (90 %). - Metastasis: - Local & satellite nodules. - Lymphatic. - Blood to liver, lung, bone		
Subcutaneous solid lumps				
1. Lipoma	- Benign tumour of adipose tissue. - Most common benign tumour in subcutaneous tissue Types: o Encapsulated (localized) o Diffuse. o Mixed o multiple (Dercums disease)	<ul style="list-style-type: none"> ● in trunk, neck and limb ● Painless, soft and lobulated lump. ● Slipping sign ● mobile. ● Fluctuation test is negative. ● Transillumination test is negative. 	<ul style="list-style-type: none"> ● Asymptomatic → reassurance ● Symptomatic: o Encapsulated and localized → surgical excision o Diffuse → liposuction. 	Complications <ul style="list-style-type: none"> ● Necrosis ● Calcification ● Haemorrhage ● Infection ● Rarely transform into liposarcoma Diagnosis: FNA
2. Liposarcoma	Most common sarcoma of middle age	<ul style="list-style-type: none"> ● Rapid growth ● Warm ● Dilated veins ● Restriction of mobility ● Skin fixation and ● Hematogenous spread to lungs 	-Wide surgical excision -retroperitoneal tumors: postoperative radiotherapy and chemotherapy	Common in retroperitoneum, thigh and back
3. Neurofibroma	Tumour of nerve connective tissue	<ul style="list-style-type: none"> ● Encapsulated ● Smooth, firm with well defined edges. ● called café au lait ● Tenderness and paresthesia. 	excision	Types <ul style="list-style-type: none"> ● Localised or solitary NF. most common ● Generalized diffused (Von-Recklinghausen's disease) ● Plexiform NF ● Elephantiasis NF ● Cutaneous NF
4. Multiple neurofibromatosis (V-R disease):	Multiple tumors- with Cafe-au-lait spots	<ul style="list-style-type: none"> ● autosomal dominant. ● Peripheral and cranial nerves may be affected. ● May be associated with other tumors 	no treatment	

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Skin Cysts			
1. Implantation Dermoid	<ul style="list-style-type: none"> - post traumatic dermoid - Tense - Attached to skin which may be scarred. - Contains desquamated epithelial cells. - pain and ulceration may occur following repeated trauma 	Excision is curative	Commonly in fingers and hands of farmers, taylors. And barbers.
2. Sebaceous Cyst	<ul style="list-style-type: none"> - Commonly in scalp, face, back, scrotum and vulva - never in palm & sole - Spherical, cystic or tense swelling, attached to skin with punctum that may discharge sebum upon squeezing (diagnostic). - Lined by squamous epithelium and contains sebum and desquamated epithelium 	<ul style="list-style-type: none"> - uninfected cyst → Excision. - infected cyst → Drainage followed by excision 	<ul style="list-style-type: none"> • Indentation and fluctuation tests may be positive. • Transillumination test is negative. • Usually asymptomatic but there might be some complication: <ul style="list-style-type: none"> -Cosmotic -Infection -Ulceration -Cock peculiar tumour -Sebaceous Horn
Subcutaneous Cysts			
1. Sequestration dermoid	<ul style="list-style-type: none"> -true congenital cyst -Ectodermal tissue buried in mesoderm forming a cyst lined by squamous epith. -Painless -Grows slowly -Contains paste-like desquamated epith. - Smooth surface. -Not attached to skin -No punctum -Not compressible 	<ul style="list-style-type: none"> - If not infected → excision. - Infected → excision and drainage. 	<p>Common at lines of Embryonic fusion sites:</p> <ul style="list-style-type: none"> • Midline: neck & root of nose. • Scalp. • Inner or outer angles of eyes. <p>Complications: Infection</p> <ul style="list-style-type: none"> • Bone indentation (scalp) due to chronic pressure • Transillumination test is negative.
2. Tubulo-dermoid	Cystic swelling arising from the non-obiterated part	-	<p>Examples :</p> <ul style="list-style-type: none"> ○ Thyroglossal cyst ○ Post-anal dermoid ○ Epindymal cyst in brain
3. Teratomatous dermoid	<ul style="list-style-type: none"> -Cystic swelling arising from the totipotent cells with ectodermal preponderance. -They usually contain derivatives of mesoderm (cartilage, bone, hair, cheesy material) 	-	<ul style="list-style-type: none"> ○ Ovary: Ovarian cyst. ○ Testes:Teratoma ○ Mediastinum. ○ Reteroperitoneum
4. Cystic hygroma	A congenital malformation affecting lymphatic channels	<p>Clinical features</p> <ul style="list-style-type: none"> - appears early, multilocular, filled with clear fluid (transillumination +ve). - lined by columnar epith. 	<p>Commonly in:</p> <ul style="list-style-type: none"> • Neck • Axilla • Groin • Mediastinum • Tongue

5.Branchial cyst	<p>-congenital cyst in persistent cervical sinus Below angle of mandible or behind mid s.mastoid muscle.</p> <p>- Tense ,distinct edges, +ve fluctuation and –ve transillumination.</p> <p>- Contains cholesterol crystals (diagnostic).</p>	<p>-</p>	<p>DDx</p> <ul style="list-style-type: none"> ● cold abscess. ● dermoid cyst . ● plunging rannula. ● cystic hygroma. ● carotid body tumour. ● lymph node. ● sub.mand.salivary gland.
6.Ganglion cyst	<p>- It's a cystic swelling of synovial membrane of tendon or capsule in small joints.</p> <ul style="list-style-type: none"> - myxomatous degeneration. -may be communicating. -Slowly growing lump. -Spherical, firm, cystic swelling. -Mobile across tendon axis but limited along longitudinal axis. 	<ul style="list-style-type: none"> ● Asymptomatic → reassurance. ● Symptomatic → aspiration or excision. 	<ul style="list-style-type: none"> ● Transillumination test +ve (it contains gellatanuis fluid) ● Sites: <ul style="list-style-type: none"> - dorsum of wrist. - dorsum of foot and ankle. - palmar aspect of wrist & fingers

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