



# Benign and malignant Skin Tumours for IM

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Acknowledgement PCDS and Danderm atlas who allow sharing of their images for purposes of non-profit making education

# IM Syllabus Dermatology

## **Presentations**

Mouth ulcer

Pruritus

Rash

Skin lesions

## **Conditions/ issues**

- Blood and lymphatic vessel disorders
- Cutaneous reactions to drugs
- Cutaneous vasculitis, connective tissue diseases and urticaria
- Dermatitis / eczema
- Disorders of pigmentation
- Hair and nail disorders
- Infections of the skin and soft tissues
- Inherited skin diseases
- Papulosquamous diseases
- Photosensitivity
- Sebaceous and sweat gland disorders
- Skin in systemic disease
- Tumours of the skin
- Blistering disorders

# Learning points

- Description of lesions
- When to worry about non-pigmented lesions (includes BCC/SCC)
- When to worry about pigmented lesions (includes MM)

# Overview

- Skin lesion description- first section and throughout
- Non-pigmented lesions
- Pigmented lesions

Focus on clinical findings to aid diagnosis

After each section answer questions from sheet

45 minutes

# Accurately describing skin lesions

- Site
- Overall elevation-patch/ plaque/papule/ nodule?
- Colour-pigmented/ skin-coloured/red/purple?
- If pigmented- ABCDE or 7 point scale
- Other features- 'stuck-on'/warty/filiform/scaly/horn/pearly/ telangiectasia/ whipcord edge/hard/firm?

# Warty and prominent follicular openings



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D@nderm



# Cerebriform and another form of warty



Longstanding non-changing firm lesion leg.  
Classically occurs after an insect bite.







Dimpling sign in  
dermatofibroma



# Describing

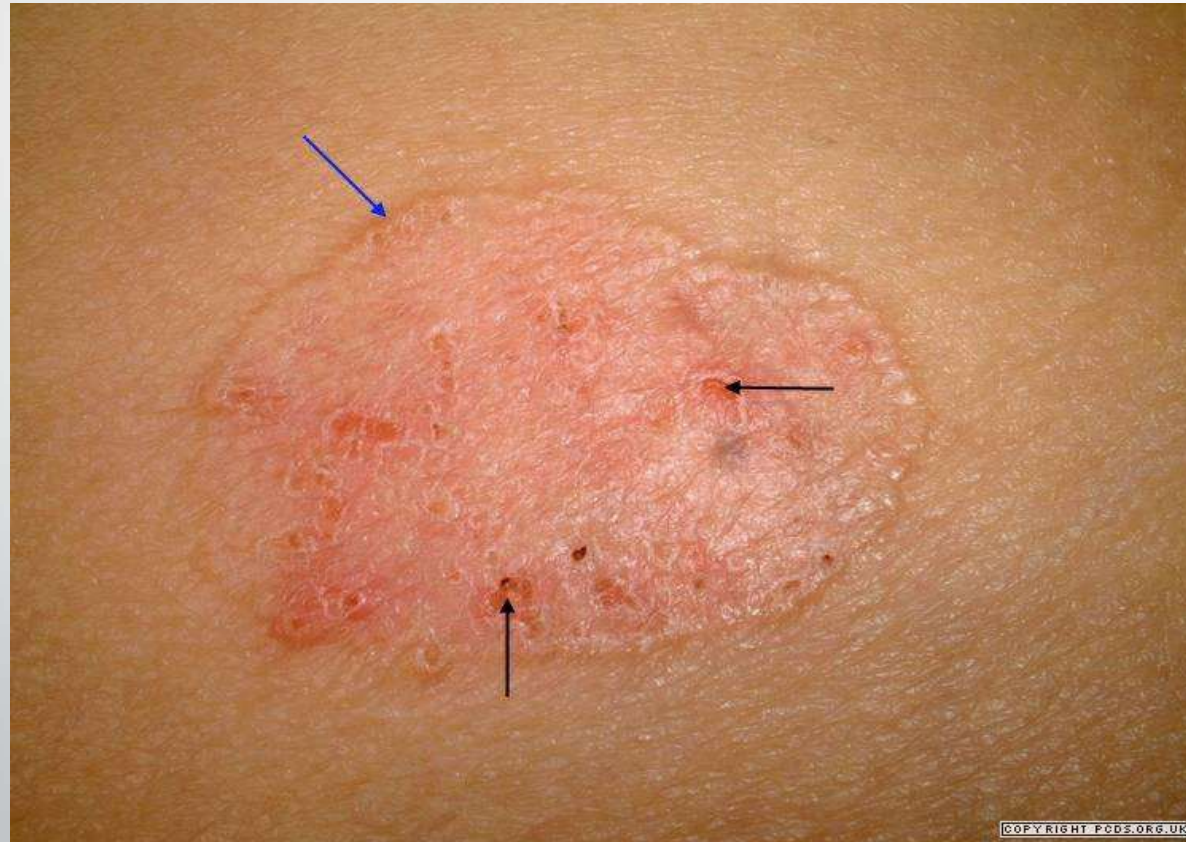
Questions 1-3

# 1. Lesion A on abdomen



## 2. Lesion B

Long-standing flat lesion on back.





### 3. Lesion C







Non-pigmented lesions

# Differential non- pigmented lesions

Seborrhoeic keratosis

Dermatofibroma

Basal cell carcinoma

Actinic keratosis

Bowen's disease (SCC in situ)

Squamous cell carcinoma

Keratoacanthoma

Intradermal melanocytic naevus

When to  
worry  
about non-  
pigmented  
lesions

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Slow growing lump that is  
shiny and telangiectatic

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Lump that is rapidly  
growing

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Raised base when scaly or  
hyperkeratotic



# Basal cell carcinoma management

- Routine referral for a skin lesion that raises suspicion of BCC (NICE 2015)
- BCCs grow 2-3mm in 3 months- wait does not affect prognosis
- But do say should refer urgently if wait would affect outcome so in Sheffield we say urgent if > 3mm on nose or eyelid margin





Urgent or routine?





## SCC

NICE guidance suggests urgent referral for a skin lesion that raises suspicion of SCC (2015)!!

Are you worried about this lesion that has appeared over 4 months?

# Scaling lesions-no raised base







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## Bowen's disease (intra-epidermal SCC)





Describe



# Lumps





# Keratoacanthoma





# Non-pigmented lesions

Questions 4-7



4. Pearly lesion on cheek. Should this be referred urgently to Dermatology?



# Questions 5 & 6

A



B



7. How do you know if these are keratoacanthomas or SCCs?







Pigmented lesions



# Main differentials of pigmented lesions

Seborrhoeic wart/  
keratosis

Dermatofibroma

Melanocytic  
naevus

Melanoma

Pigmented basal  
cell carcinoma

# Clinical features/ early diagnosis Melanoma- NICE 2015 referral guidelines

- Suspicious pigmented skin lesion that scores 3 or more from weighted 7 point checklist:

- Major features (score 2 points each):

*(?rapid) Change in size*

*Irregular shape*

*Irregular colour*

- Minor features (score 1 point each):

*Largest diameter  $\geq 7\text{mm}$*

*Inflammation*

*Oozing*

*Change in sensation*



# When to worry about pigmented lesions

Ugly duckling sign

Asymmetrical  
variation border  
and colour (use 7  
point scale now)

And/ or rapid  
change in size

# Ugly Duckling sign





# Seborrhoeic keratoses



# Dermatosis papulosa nigra



You notice these lesions incidentally. Neither patient feels their lesion has changed except itch in A. Apply 7 pt scale

A

B





Both lesions have grown over the last 4 months.  
Urgent referral? Apply 7 pt scale

12mm



6mm





7 pt scale/ABC -slow growing pigmented firm lesions



# Pigmented basal cell carcinomas



# Amelanotic MM

- May not think of MM but this lesion grew quite fast so likely to refer as SCC even if MM not considered
- Both 7 point scale and ABCDE fall down here!





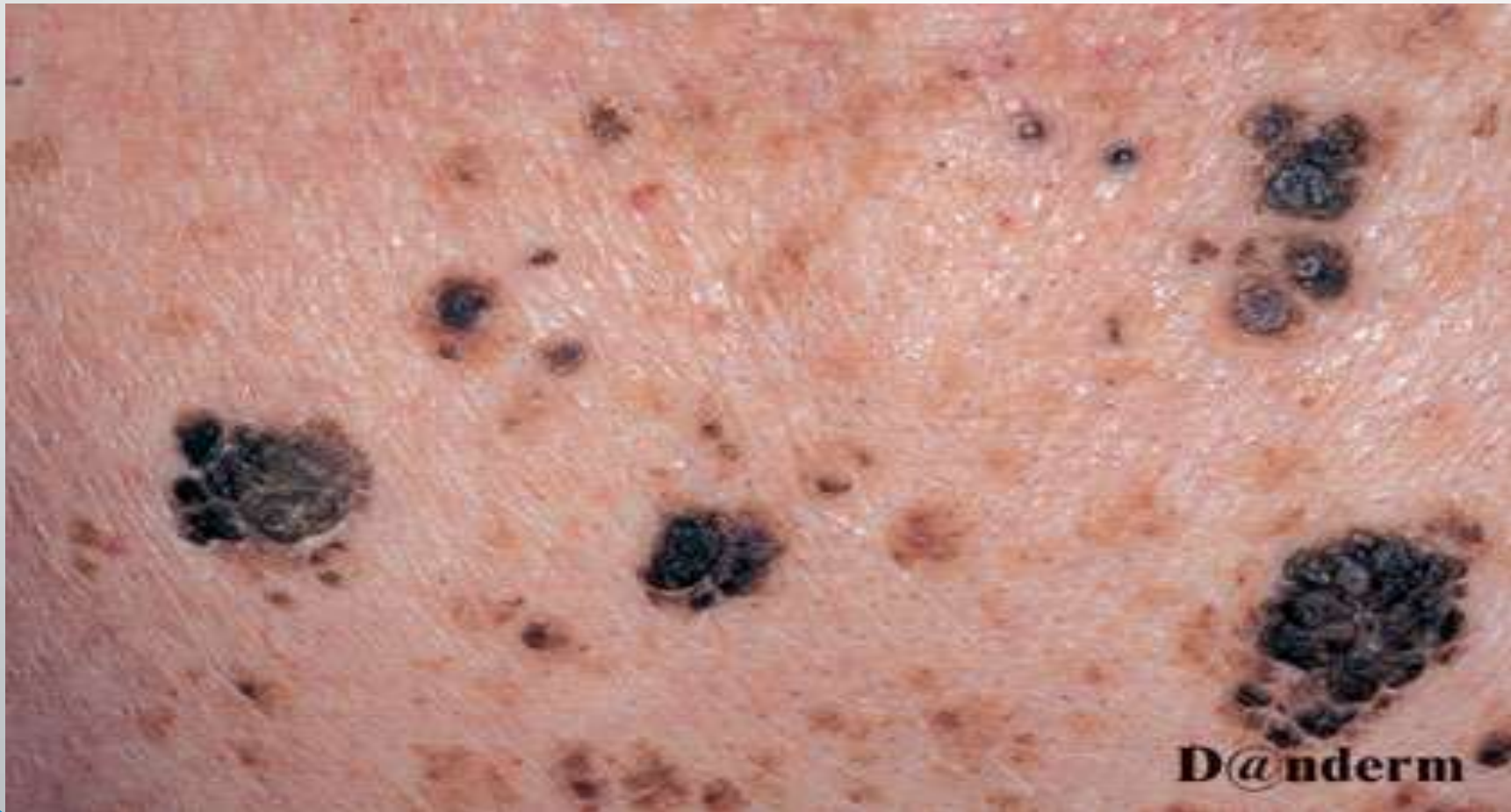


# Pigmented lesion

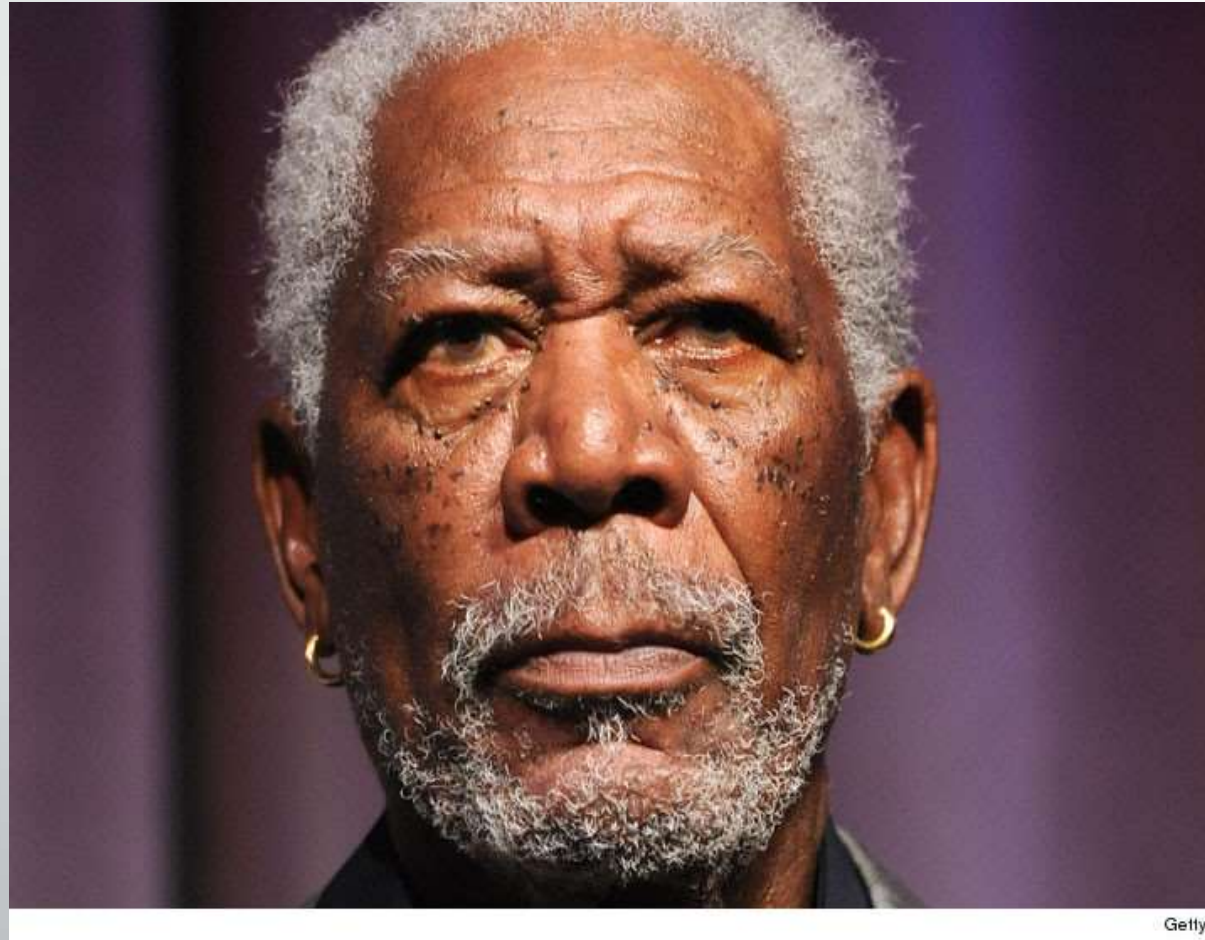
Questions 8-11



8. Are you worried about these?



9. What has Morgan Freeman got that I haven't?



10. Apply 7 pt assessment to this lesion that is not growing. Does it need referring?





11. Which is the odd one out?





# Summary- when to worry about.....

## Non-pigmented lesions

- Slow growing lump that is shiny and telangiectatic
- Lump that is rapidly growing
- Raised base when scaly or hyperkeratotic

## Pigmented lesions

- Ugly duckling sign
- Asymmetrical variation border and colour -use 7 point scale
- And/ or rapid change in size

# Learning points

- Description
- When to worry about non-pigmented lesions (includes BCC/SCC)
- When to worry about pigmented lesions