

Benign skin tumors

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- They growth expansively, so they can push to around tissue, but they don't grow inside them, and they don't destroy them
- They keep structural and functional maturity

- **Epithelial**

- Seborrheic keratosis

- **Adnexal**

- Syringoma
- Cylindroma
- Trichoepithelioma

- **Mesenchymal**

- Fibroma
- Hemangioma
- Lipoma
- Keloidal scar
- Dermatofibroma

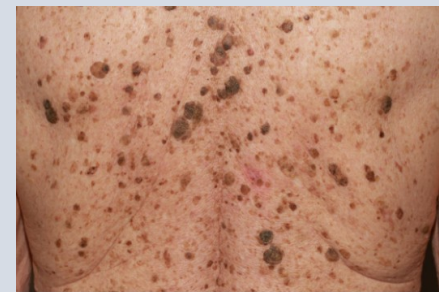
- **Vessel's**

- Hemangioma (capillare, cavernosum, senile, angiokeratoma)

1) Benign epithelial tu = epithelioma

- **Seborrheic keratosis (verruca seborrhoica, senile lentigo)**

- Is the most common benign skin tumor, almost every elderly person has several
- Are most common on the: trunk (mostly back), head
- They start as well-circumscribed skin-colored or tan maculas, then they slowly become darker, thicker and larger
- **Léser Trelát sign** – is sudden eruption of numbers verrucas- can be the sign of malignant tumor of organs (gastrointestinal system, hematopoietic sys.)
- Therapy – no therapy is needed, but patients usually desire removal for cosmetic reasons – curettage or cryotherapy, excision



Veruca seborrhoica



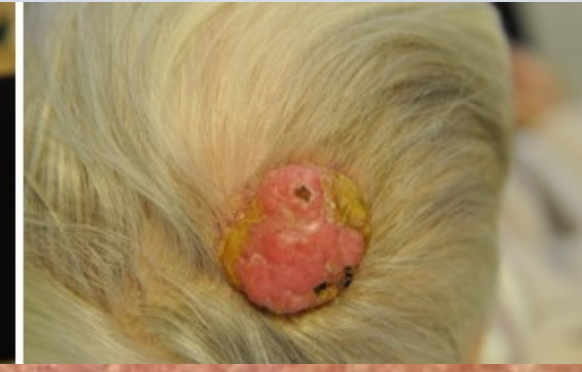


2) adnexal tumors = adenomas

- This is large family of tumors with features of eccrine, apocrine, sebaceous, or hair follicle differentiation
- All can be treated by excision

2) adnexal

- Syringoma
- Cylindroma
- Pilomatrixom
- Kerathoakanthoma



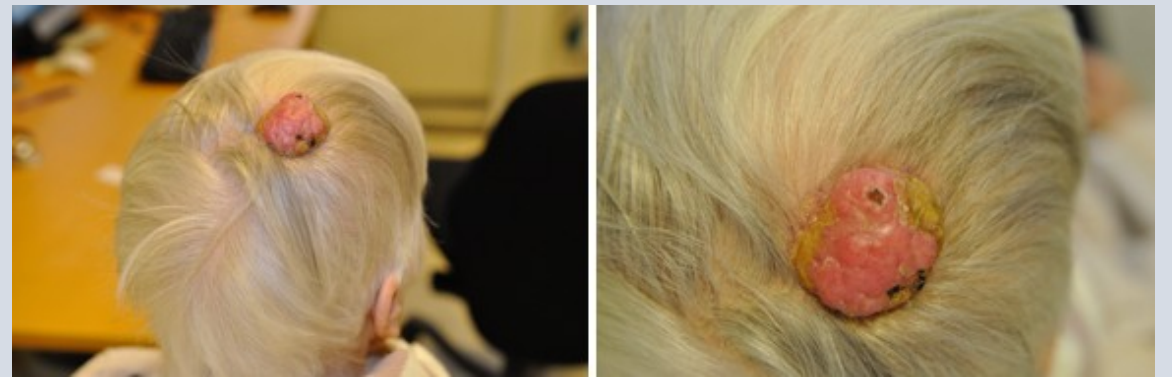
- **Syringoma**

- From the infundibulum of the sweat glands
- 2 forms – usually periorbital, sometimes disseminated
- Clinically – multiple tiny skin-colored papules around the eyes
- Therapy – excision of solitary



- **Cylindroma**

- Epithelioma with apocrine differentiation
- It appears in early adult age, gradually increasing during the time
- Usually occurs on the scalp, at the beginning few papules or nodules skin-colored, or red, gradually increasing the number of nodules, so they can cover whole hair - described as „turban tumour“
- Therapy – surgical excision



- **Pilomatrixom**

- Epithelioma of the hair follicle
- Common cystic childhood tumor
- Usually on the scalp or cheek
- Therapy - excision



- **Kerathoakanthoma**

- From supraglandular part of hair follicle
- it is formed in sun-exposed parts of the body (face, neck, hands) in people around 60 years, or immunosuppressed people
- fast-growing solitary semicircular nodule reaching up to 2 cm in diameter within a few weeks with bulging edges and a central crater filled with horn
- On the edges there are many teleangiectasias
- It could spontaneously regress with scar
- Therapy - excision



3) Mezenchymal tumors

- Histiocytoma, dermatofibroma
- Keloid, hypertrophic scar
- Fibroma molle
- Angiofibroma
- Leiomyoma
- lipoma



- **Histiocytoma fibrosum, dermatofibroma**

- One of the most common skin tumors
- Mainly appears at younger people on extremities, sometimes on trunk
- It is reactive inflammation after bite of insect or injury
- It looks like solitar flat leassion or small nodule, red-brown
- Therapy isn't needed, but possible is excision

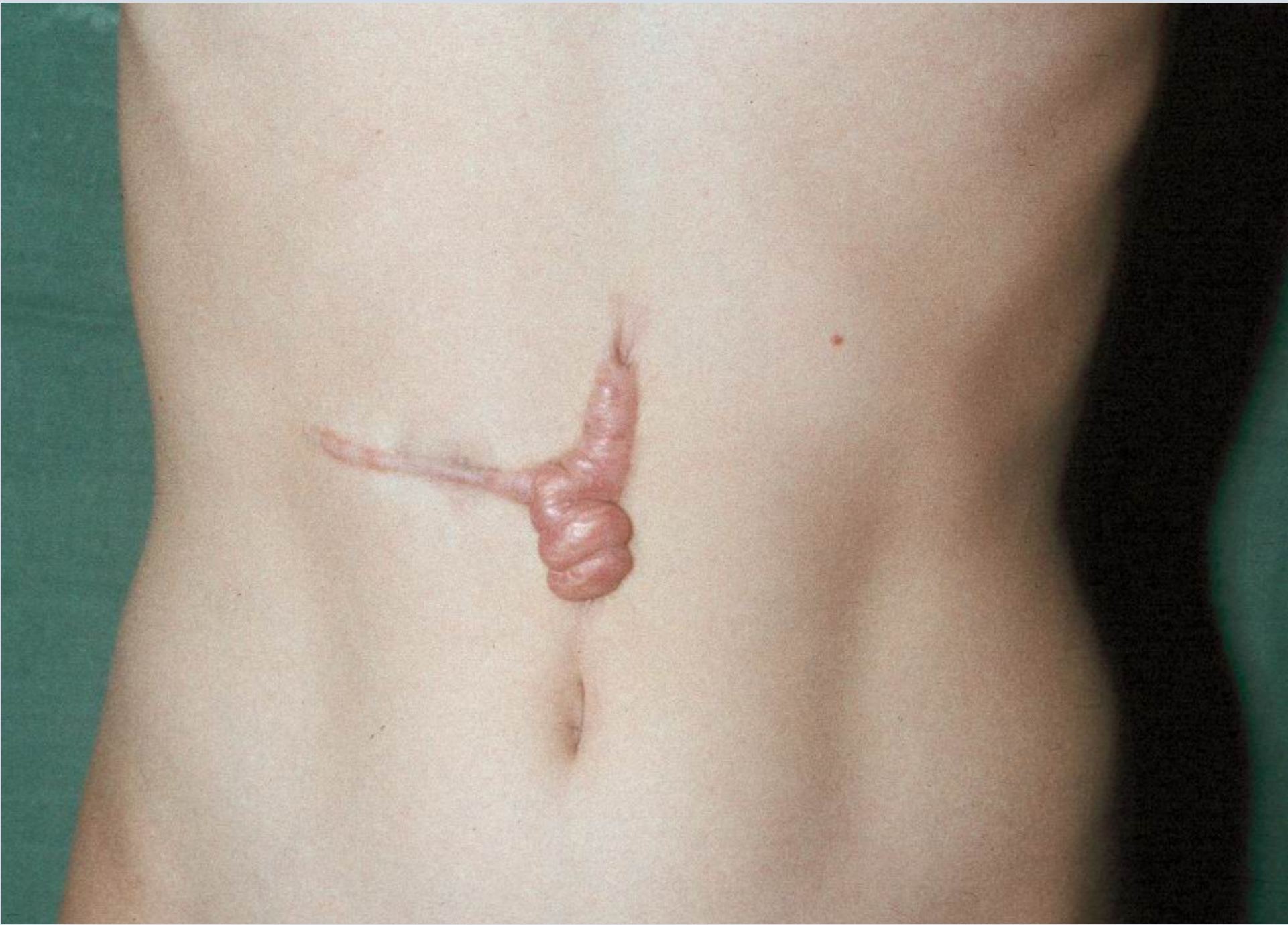


- **Keloid, hypertrophic scar**

- A keloid results when the reparative process extends beyond bounds of the original scar
- Typical are – middle chest, following cardiac surgery or ear lobes after piercing
- Black individuals are more likely to develop keloids
- Therapy – treatment is difficult, any manipulation may result in a worst keloid, best results are obtained with shave excision, cryotherapy, interlesional corticosteroids combined with compression
- Hypertrophic scar is confined to the side of the tissue damage

Keloid





- **Skin tags (Fibroma molle)**

- Tinny skin colored or tan papules
- Typicaly on neck, axillae or groin
- More common in overweight and older individuals
- Small lessions can be treated by kauter or scissor's excision



- **Angiofibrom**

- This is proliferation of small vessels with perivascular fibrosis
- Very often create from intradermalnevus after regretion of pigmentation
- Variants:
 - Fibrous papule of the nose – small solitary inconspicuous nasal papule
 - Tuberous sclerosis – facial papulos
- Therapy – excision (solitary), laser (multiple leasions)

- **Lipom**

- Bordered proliferation of subcutis fat tissue
- They are solitary or multiple
- They're located in subcutaneous mass like soft, elastic oval free movable against skin and the base
- It doesn't resolve with weight loss
- Unpainful (normally)
- Therapy – all can be easily excised if they're functionally or cosmeticaly disturbing or painful



4) Vascular

- Hemangioma capillare
- Hem. Cavernosum
- Hem. Senile
- Granuloma pyogenicum
- Angiokeratoma
- Lymphangioma



- **Hemangioma capillare**

- This is the most common vascular lesion
- The greatest risk factor is low birth weight, it is present after birth or in first months of life
- The common localization is on head and neck, start as blanchet makula with telangiectahes an evolves into rubbery red tumor
- During regression it develops a gray sheen and heals with scarring
- 50% - have resolved by 5 years
- 70% – by 7 years
- Larger takes long to resolve and leave cosmetics defects

- **Hemangioma capillare**

- Complication includes:

- ulceration

- scarring

- periorbital and periorificial risk of amblyopia sometimes interferes with eating or breathing

- vascular problems risk of shunting and high output cardiac failure

- aggressive growth

- **Hemangioma capillare - Therapy**

- observation for low-risk lesion
- Early cryotherapy may induce regression
- Topical or intralesional corticosteroids and excision or laser
- High risk lesions:
 - Systemic corticosteroids or interferon alpha



Figure 1. Before topical treatment, a large capillary hemangioma involved



- **Hemangioma senile**

- It creates in older age on the trunk
- Dark red papulas with strike borders (1 - 6 mm)
- Cosmetic problems
- Therapy:
 - diathermokoagulation
 - Laser and cryotherapy



Hemangiom



- **Pyogenic granuloma**

- A reactive vascular proliferation in response to trauma
- Characterized by red nodule, that is usually friable with a bloody surface
- Therapy:
 - Chemical / electrical cauterization
 - Laser destruction



Thank you for your
attention