

Chapter 13:

Benign skin tumours



search



contents



print



last screen viewed



back



next

basic lesion

cause

picture

alphabetical

13.1 Epidermal tumours



Seborrheic keratosis / wart

Excrescences of varying size, covered with a greasy, scaly keratotic layer which is not very adherent. They can have various colours: yellow, sepia, grey, dark brown, or pure black. Each lesion seems to be "placed" on the skin surface, is well-circumscribed, has no underlying infiltration. ▶

Basic Lesions: Warts; Keratoses

Causes: None specific



search



contents



print



last screen viewed



back



next



Seborrheic keratosis / wart

continued

Basic Lesions: Warts; Keratoses

Causes: None specific



search



contents



print



last screen viewed



back



next



Verrucous epidermal naevus

The epidermal naevus appears in the form of raised papuloverrucous lesions, rough to the touch and sometimes fragmented. It is usually disposed in continuous linear bands following the Blaschko's classical lines, to be interrupted over the midline. ▶

Basic Lesions: Warts; Keratoses

Causes: None specific



search



contents



print



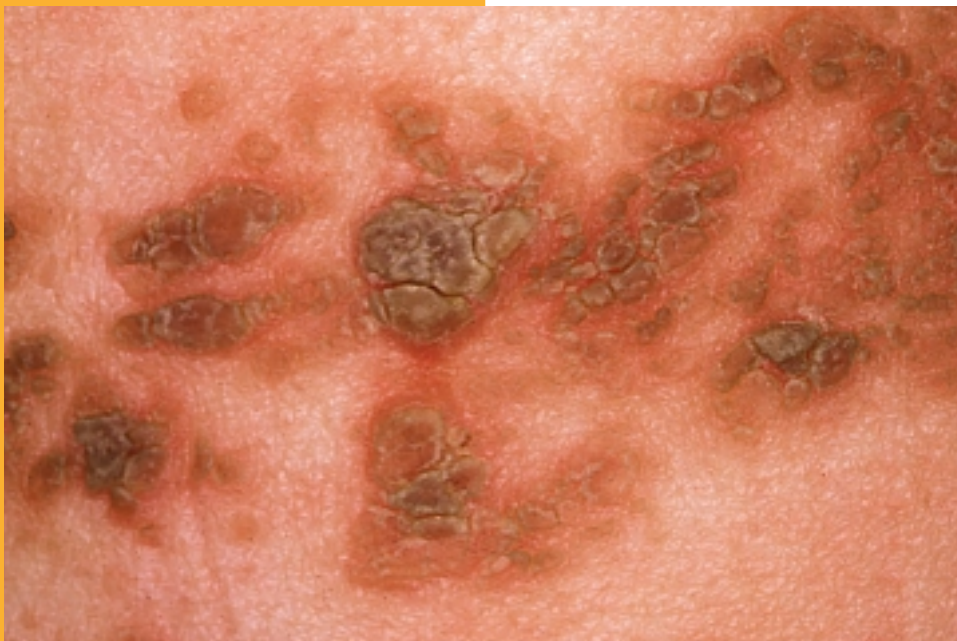
last screen viewed



back



next



Verrucous epidermal naevus

continued

The colour is that of normal skin, sometimes greyish or brownish.

Basic Lesions: Warts; Keratoses

Causes: None specific



search



contents



print



last screen viewed



back



next



Inflammatory linear verrucous epidermal naevus (ILVEN)

ILVEN appears in the form of psoriasiform scaly erythematous patches, which are sometimes lichenoid or verrucous, disposed in linear bands following Blaschko's lines (like the lesions of verrucous epidermal naevus). ▶

Basic Lesions: Erythematous Macule; Warts; Pustules; Scales; Gangrene

Causes: None specific



search



contents



print



last screen viewed



back



next



Inflammatory linear verrucous epidermal naevus (ILVEN)

continued

Inflammatory episodes can occur, causing exacerbation of pruritus, more or less severe excoriations, secondary eczematization, and even areas of necrosis.

Basic Lesions: Erythematous Macule; Warts; Pustules; Scales; Gangrene

Causes: None specific



search



contents



print



last screen viewed



back



next



Becker's naevus (pigmented and hairy epidermal naevus)

Hyperpigmented unilateral plaque, the preferred site of which is the chest or the shoulder, sometimes covered in hairs. It appears most often in young adults after exposure to the sun.

It corresponds to a late epithelial (epidermal and follicular) naevus with secondary epidermal melanin hyperpigmentation.

Basic Lesions: Pigmented Macules

Causes: None specific



search



contents



print



last screen viewed



back



next



Clear cell acanthoma

Small, round and domed firm tumour, which is generally isolated, pink in colour, usually with a moist surface. The diagnosis of this lesion is essentially histopathological.

Basic Lesions: Nodules

Causes: None specific



search



contents



print



last screen viewed



back



next



Kerato-acanthoma

Very well defined nodule surmounted by a central horny plug. Its growth is rapid, the maximum size of the lesion being reached in a few weeks. The lesion usually regresses spontaneously in a few months.

Basic Lesions: Nodules

Causes: Sunlight, Ultraviolet Radiation



search



contents



print



last screen viewed



back



next



Spectacle frame acanthoma (fissured acanthoma)

Well-circumscribed, slightly pink retro-auricular papulonodule, 1-2 cm in diameter, surrounded by an inflammatory halo. The lesion is divided in two by a groove (fold).



Basic Lesions: Nodules; Fissures

Causes: Mechanical Factors



search



contents



print



last screen viewed



back



next



Spectacle frame acanthoma (fissured acanthoma) *continued*

Acanthoma occurs in the weeks or months after the patient starts wearing a new spectacle frame.

Basic Lesions: Nodules; Fissures

Causes: Mechanical Factors



search



contents



print



last screen viewed



back



next

13.2 Follicular and sebaceous tumours



Epidermoid cyst

Inflammatory subcutaneous nodule, often with a punctiform opening at its centre, through which malodorous whitish or yellowish material can be expressed. It is a single or multiple lesion which occurs especially in seborrhoeic areas, within the context of acne vulgaris or nodulocystic acne. Epidermoid cysts are sometimes wrongly called "sebaceous cysts".

Basic Lesions: Nodules

Causes: None specific



search



contents



print



last screen viewed



back



next



Trichilemmal cyst (pilar cyst)

Generally located on the scalp, it appears in the form of a subcutaneous nodule covered with non-adherent pink and glabrous skin. The cysts are sometimes multiple. They range from pea-size to egg-size and are colloquially known as wens.

Basic Lesions: Nodules

Causes: None specific



search



contents



print



last screen viewed



back



next



Milia

Milia are very superficial small white elevations which occur in various circumstances. In newborn babies they appear as innumerable small white dots on the face, as illustrated in the photograph, caused by transient retention of sebum.

They disappear spontaneously in a few weeks. In adolescents and adults they are commonly seen on the cheeks, the eyelids, and the nose, and are due to clogging of follicles.

Basic Lesions: Dermal Papules

Causes: None specific



search



contents



print



last screen viewed



back



next



Trichoepithelioma

Translucent, flattened or globular papular formations, 2 to 5 mm in diameter, pink or white in colour and sometimes surmounted by fine telangiectasias. Their preferred site is the face (nose, nasolabial folds, cheeks, forehead, chin). These are generally multiple and hereditary lesions, appearing from childhood or in adolescence.

Basic Lesions: Dermal Papules

Causes: None specific



search



contents



print



last screen viewed



back



next



Senile sebaceous adenoma

These adenomas correspond to senile adenomatous hyperplasia of the sebaceous glands. ▶

Basic Lesions: Dermal Papules

Causes: Sunlight, Ultraviolet Radiation



search



contents



print



last screen viewed



back



next



Senile sebaceous adenoma

continued

Small yellowish umbilicate formations, 3 to 6 mm in diameter, occurring on seborrhoeic areas of the face (forehead, temples, cheeks) in both sexes after the age of fifty.

Basic Lesions: Dermal Papules

Causes: Sunlight, Ultraviolet Radiation



search



contents



print



last screen viewed



back



next



Jadassohn's sebaceous naevus

This is a tumour on the scalp or the face, which is often congenital. Its appearance changes with age. During childhood there is an oval or pink and slightly raised alopecic plaque. Starting from puberty the surface becomes mamillated and warty, and assumes the characteristic orange-yellow colour. In adulthood it can, in exceptional cases, give rise to a basal-cell carcinoma.

Basic Lesions: Nodules

Causes: None specific



search



contents



print



last screen viewed



back



next

13.3 Sweat gland tumours



Syringoma

Small, always multiple lesions measuring 1 to 3 mm in diameter and forming smooth, flesh-coloured papules generally occurring on the face (especially the eyelids), chest, neck, and axillae.

Basic Lesions: Dermal Papules

Causes: None specific



search



contents



print



last screen viewed



back



next



Eccrine poroma

Solitary benign congestive tumour bleeding in pinpoint haemorrhages, the wide base of which is encircled by a keratin collar. Its preferred site is the area of the sole around the heel. ▶

Basic Lesions: Nodules

Causes: None specific



search



contents



print



last screen viewed



back



next



Eccrine poroma

continued

In differential diagnostics it must be distinguished from pyogenic granuloma and achromic malignant melanoma.

Basic Lesions: Nodules

Causes: None specific



search



contents



print



last screen viewed



back



next



Cylindroma

Multiple benign tumours, often familial, appearing on the scalp, which becomes mamillated and embossed (turban-like tumours). The surface of these tumours is smooth, glabrous, normal or pink in colour, with telangiectasias. There is no adherence to deep layers.

Basic Lesions: Nodules

Causes: None specific



search



contents



print



last screen viewed



back



next

13.4 Connective tissue tumours



Dermatofibroma

Nodular intradermal tumour 5 to 6 mm in diameter, firm to the touch, generally located on the legs. Its surface is pigmented to varying degree and often slightly keratotic. A dermatofibroma can sometimes be caused by an insect bite. ▶

Basic Lesions: Nodules

Causes: Mechanical Factors



search



contents



print



last screen viewed



back



next



Dermatofibroma

continued

An unusual variant is the pastille-like fibroma, a pink shiny nodule with a smooth surface surrounded by a very fine scaly collarette separated from the tumour by a groove.

Basic Lesions: Nodules

Causes: Mechanical Factors



search



contents



print



last screen viewed



back



next



Acquired digital fibrokeratoma

Small tumour situated on the fingers or toes, more rarely on the palms and soles. Like the pastille fibroma, it is a solitary domed lesion, sometimes elongated and pedunculate, surrounded by a fine demarcating border. The surface is slightly warty. It is perhaps caused by a trauma.

Basic Lesions: Warts

Causes: Mechanical Factors



search



contents



print



last screen viewed



back



next



Keloid

Red and taut fibrous tumour with a smooth surface, slightly dented and sometimes surrounded by pseudopodia-like extensions called crab legs. They are very often itchy, painful, or tender. Post-traumatic keloids secondary to wounds, burns, vaccinations, or inflammatory skin lesions (such as adolescent acne) are distinguished from spontaneous keloids, which are more common in black people.

Basic Lesions: Scars

Causes: Mechanical Factors



search



contents



print



last screen viewed



back



next



Skin tag (acrochordon, molluscum pendulum)

Small and very soft fleshy mass, on average 3 to 5 mm in diameter, implanted in the skin by a thin stalk. These lesions are often multiple and their preferred sites are the axillae or inguinal flexures, the neck, the eyelids, and the orbital area.

Basic Lesions: None specific

Causes: None specific



search



contents



print



last screen viewed



back



next



Juvenile xanthogranuloma

Single or multiple papulonodular yellow, orange or brown lesion of soft consistency, usually appearing on the face, scalp, trunk, and the base of the limbs. It occurs most frequently in neonates and infants, but can also be seen in children and even in adults.

Basic Lesions: Nodules

Causes: None specific



search



contents



print



last screen viewed



back



next



Tuberous xanthoma

Small hemispherical papules, from a few millimetres to a centimetre in diameter, pink or orange in colour, sometimes very yellow on vitropression.

The preferred sites are the elbows, knees, and buttocks. ▶

Basic Lesions: Dermal Papules; Nodules

Causes: None specific



search



contents



print



last screen viewed



back



next



Tuberous xanthoma

continued

A rare variant (eruptive xanthoma) is found in cases of severe hypertriglyceridaemia.

Basic Lesions: Dermal Papules; Nodules

Causes: None specific



search



contents



print



last screen viewed



back



next



Xanthelasma palpebrarum

Flattened and clearly delimited yellowish or orange plaques around the eyes. This is one of the variants of xanthoma planum.

Basic Lesions: Dermal Papules

Causes: None specific



search



contents



print



last screen viewed



back



next



Lipoma

Single or multiple benign tumours the colour of normal skin, which develop from subcutaneous fat. They are soft in consistency and they can attain a large size.

Basic Lesions: Nodules

Causes: None specific



search



contents



print



last screen viewed



back



next



Leiomyoma

Benign tumours originating from the smooth muscles connected with hair follicles, genitals, nipples, or blood vessels. Leiomyomas are single or multiple, contractile, nodular tumours, which are red, pink, or brownish in colour.

Basic Lesions: Nodules

Causes: None specific



search



contents



print



last screen viewed



back



next



Cutaneous mastocytosis

The term mastocytosis covers all lesions caused by the proliferation of mast cells in skin.

Urticaria pigmentosa

This is the most common form, encountered in all age groups. It produces a fairly monomorphic eruption of smooth violet or brown itchy macules or maculopapules. The reactivity of the lesions to certain stimuli, such as rubbing, is very characteristic (Darier's sign).



Basic Lesions: Erythematous Macule; Pigmented Macules; Dermal Papules

Causes: None specific



search



contents



print



last screen viewed



back



next



Cutaneous mastocytosis

continued

Mastocytoma

Single firm tumour, orange in colour, occurring only in children.

Basic Lesions: Erythematous Macule; Pigmented Macules; Dermal Papules

Causes: None specific



search



contents



print



last screen viewed



back



next



Neural crest diseases

Neurofibroma

Nodules which are of normal skin colour or pink. Their firmness can vary. Their essential characteristic is that they are readily depressible.



Basic Lesions: Nodules

Causes: None specific



search



contents



print



last screen viewed



back



next



Neural crest diseases continued

Von Recklinghausen neurofibromatosis

This is the most common form of systemic neural crest disease. It is essentially characterized by the combination of café au lait spots, "freckling", and cutaneous neurofibromas. ▶

Basic Lesions: Pigmented Macules; Nodules

Causes: None specific



search



contents



print



last screen viewed



back



next



Neural crest diseases continued

Von Recklinghausen neurofibromatosis

The "principal tumour" is a neurofibroma which is very large in relation to all those surrounding it. This hereditary condition is transmitted by an autosomal dominant gene with high penetrance and variable expression. ▶

Basic Lesions: Pigmented Macules; Nodules

Causes: None specific



search



contents



print



last screen viewed



back



next



Neural crest diseases continued

Bourneville's tuberosclerosis (epiloia)

Tuberosclerosis is a condition with autosomal dominant transmission, characterized by various isolated or associated clinical signs and symptoms.

a. Angiofibroma

Small, firm, pink or red tumid nodules covered in fine telangiectases and distributed symmetrically over the face: nasolabial folds, cheeks, perioral region. ▶

Basic Lesions: Nodules

Causes: None specific



search



contents



print



last screen viewed



back



next



Neural crest diseases continued

b. Periungual fibromas (Koënen's tumours)

Very rare horny angiofibromas of the toes. ▶

Basic Lesions: Warts

Causes: None specific



search



contents



print



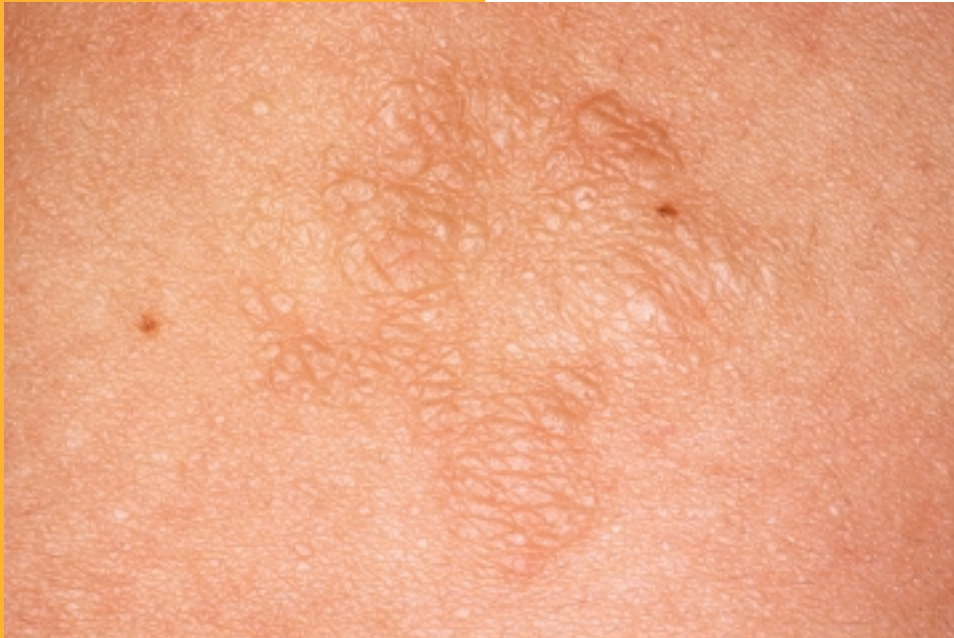
last screen viewed



back



next



Neural crest diseases continued

c. Shagreen patch

Raised patch with an irregular outline and surface, covered with pale "orange-skin". Its preferred site is the lumbosacral region.

d. Achromic patches

Fairly regular macules 1 to 10 cm in diameter, oval, rounded, or more characteristically in the shape of an ash leaf.

They are white and do not have a hyperaemic or pigmented halo.

Basic Lesions: None specific

Causes: None specific



search



contents



print



last screen viewed



back



next



Angioma

Spider telangiectasis

Vascular star, composed of a red central point, sometimes raised and pulsatile, and arborizations radiating outwards. The arborizations disappear on vitropression. ▶

Basic Lesions: Vascular Macule

Causes: None specific



search



contents



print



last screen viewed



back



next



Angioma

continued

Hereditary haemorrhagic telangiectasia (Osler-Rendu-Weber disease)

Autosomal dominant disease, characterized by telangiectases of the skin and mucous membranes, often not appearing until after puberty. The telangiectatic macules are poorly defined and the arborizations, in contrast to spider telangiectasis, are not symmetrical. They occur predominantly on the face, hands, buccal mucosa, the lips, and the tongue. ▶

Basic Lesions: Vascular Macule

Causes: None specific



search



contents



print



last screen viewed



back



next



Angioma

continued

Angioma planum

Congenital erythematous macule of varying intensity, extent, and shape. The colour varies from pale pink to dark red. Its preferred site is the face and the limbs, but it can spread to the mucosa. From the fourth decade of life the angioma thickens and superficial violet nodules can appear. ▶

Basic Lesions: Vascular Macule

Causes: None specific



search



contents



print



last screen viewed



back



next



Angioma

continued

Tuberous angioma

Bright red, distinctly demarcated, raised angioma in infants, projecting above the surrounding normal skin. Its growth is rapid, and it can bleed and ulcerate. Most of these angiomas disappear spontaneously in childhood, leaving no trace. ▶

Basic Lesions: Vascular Macule; Nodules

Causes: None specific



search



contents



print



last screen viewed



back



next



Angioma

continued

Subcutaneous angioma

Tumour protruding under skin which is either normal, bluish, or telangiectatic. This lesion does not undergo spontaneous involution.



Basic Lesions: Vascular Macule; Nodules

Causes: None specific



search



contents



print



last screen viewed



back



next



Angioma

continued

Angiokeratoma

Papular telangiectasia with a hyperkeratotic surface. Angiokeratomas of the scrotum and vulva are the most common. They are usually benign. Nevertheless, if they have disseminated over the buttocks, one must investigate for Fabry's disease. ▶

Basic Lesions: Dermal Papules; Keratoses

Causes: None specific



search



contents



print



last screen viewed



back



next



Angioma

continued

Glomus tumour

Small, bluish intradermal tumour, remarkable for its painfulness. Its site is most likely to be peripheral, on the hands and feet, more rarely on the forearms and buttocks.

A common and characteristic site is the subungual region. ▶

Basic Lesions: Nodules

Causes: None specific



search



contents



print



last screen viewed



back



next



Angioma

Glomus tumour

continued



Basic Lesions: Nodules

Causes: None specific



search



contents



print



last screen viewed



back



next



Angioma

continued

Pyogenic granuloma

Fleshy vascular pimple secondary to minimal or unnoticed trauma. Its eroded surface bleeds easily. Pyogenic granuloma may be "nipped" at its base by a characteristic groove which separates it from neighbouring skin. ▶

Basic Lesions: Nodules

Causes: Mechanical Factors



search



contents



print



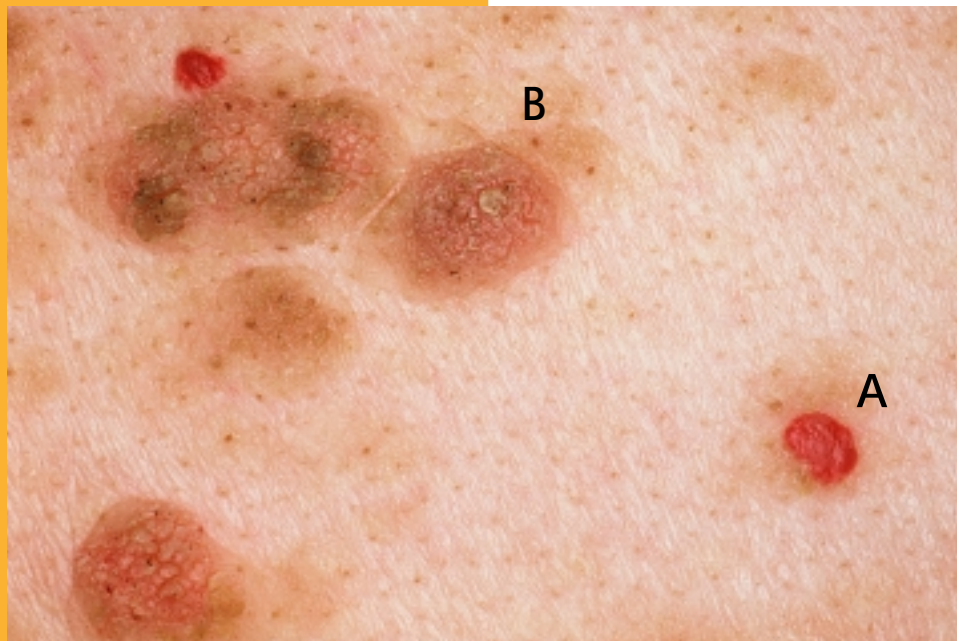
last screen viewed



back



next



Angioma

continued

Senile angioma (cherry angioma)

Small bright red patches, flat or slightly tumid. Extremely common in old people, usually multiple and found on the trunk (A). In many cases they coexist with seborrheic warts (keratoses) (B).

Basic Lesions: Vascular Macule; Warts; Keratoses

Causes: None specific



search



contents



print



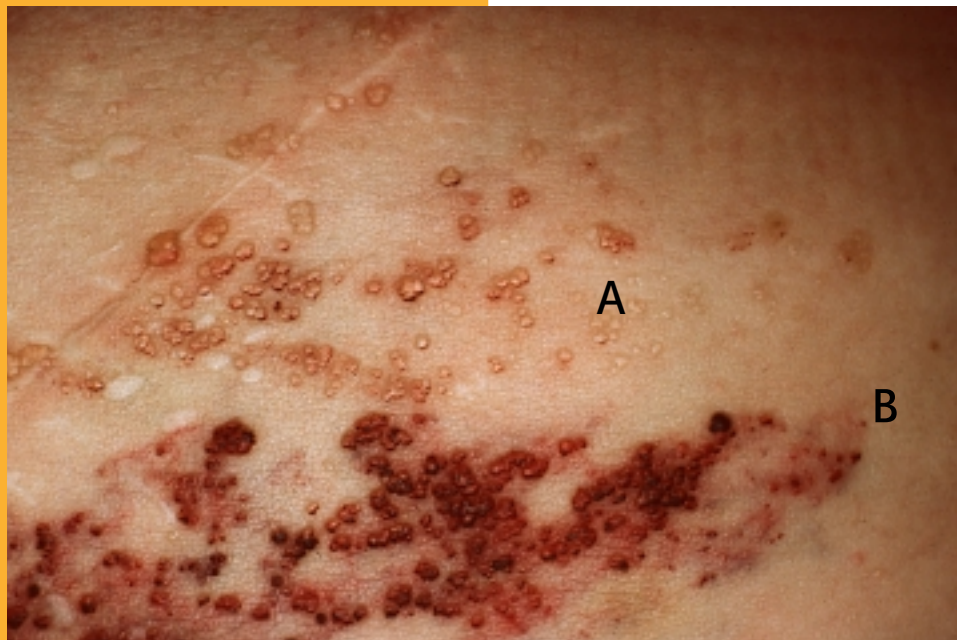
last screen viewed



back



next



Lymphangioma

Pseudovesicular elevations 1 to 5 mm in diameter, arranged in clusters or irregular plaques, translucent and taut but readily depressible. The lesions can occur anywhere on the body, but are more commonly found on the trunk and the base of the limbs. Lymphangioma (A) is very often found concomitantly with hemangioma (B).

Basic Lesions: Vesicles

Causes: None specific



search



contents



print



last screen viewed



back



next



Chondrodermatitis nodularis helicis

(painful nodule in the ear)

Inflammatory nodule of the helix, which is painful or tender. Its centre is keratotic or crater-like. It is nowadays regarded as a chondrodermatitis, but its aetiology has not been clarified.

Basic Lesions: Nodules; Keratoses

Causes: Mechanical Factors



search



contents



print



last screen viewed



back



next



Mucoid pseudocyst

Small, firm, flesh-coloured translucent nodule, occurring on the backs of the fingers near the distal interphalangeal joints and often causing a characteristic nail deformation with longitudinal grooves. It is the result of the accumulation of a mucoid substance in the dermis.

Basic Lesions: Nodules

Causes: None specific



search



contents



print



last screen viewed

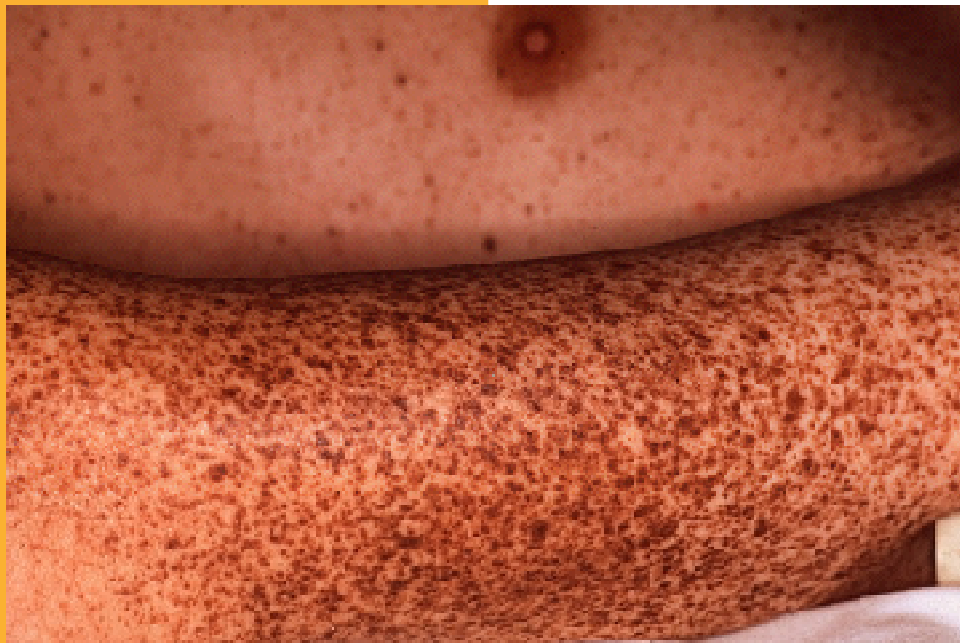


back



next

13.5 Melanocytic naevi



Lentigo

Small (1 to 3 mm) brown or black hyperpigmented macules which can be distributed all over the skin and/or mucous membranes. Lentiginos are often isolated. Sometimes they are generalized (lentiginosis) and form part of complex syndromes involving several internal organs. They represent epidermal hypermelanocytosis.

Basic Lesions: Pigmented Macules

Causes: None specific



search



contents



print



last screen viewed



back



next



Mongolian spot

Bluish grey macules varying in size from a few millimetres to tens of centimetres and occurring most frequently on the loins and buttocks. They are especially common in Orientals. These spots represent dermal hypermelanocytosis.

Basic Lesions: Pigmented Macules

Causes: None specific



search



contents



print



last screen viewed



back



next



Melanocytic naevi (naevocytic naevi)

Melanocytic naevi are well-circumscribed lesions which show a wide variety of colour, shape, thickness, consistency, and size, their diameter ranging from a few millimetres to a few centimetres.



Basic Lesions: Pigmented Macules; Dermo-epidermal Papules

Causes: None specific



search



contents



print



last screen viewed



back



next



Melanocytic naevi (naevocytic naevi)

continued

They can be flat or raised, lenticular or discoid, and vary in colour from pale yellow to black-brown. The domed forms may be without pigmentation.

Basic Lesions: Pigmented Macules; Dermo-epidermal Papules; Nodules

Causes: None specific



search



contents



print



last screen viewed



back



next



Hairy melanocytic naevus

Some melanocytic naevi become covered in hairs at puberty.

Basic Lesions: Pigmented Macules; Dermo-epidermal Papules; Nodules

Causes: None specific



search



contents



print



last screen viewed



back



next



Congenital pigmented naevus

Congenital pigmented naevi vary in size. Some are called giant because of their wide spread. They have an inhomogeneous surface (flat, papular, nodular, verrucous) and are most often variegated in colour, which ranges from light brown to black. They are often covered with thick hairs.

Basic Lesions: Pigmented Macules; Dermo-epidermal Papules; Nodules

Causes: None specific



search



contents



print



last screen viewed



back



next



Spitz naevus (juvenile)

Isolated pinkish papulonodular tumour, frequently located on the face or the limbs.

The histopathological appearance of this melanocytic naevus is very characteristic. In fairly exceptional cases there may be multiple Spitz naevi.

Basic Lesions: Nodules

Causes: None specific



search



contents



print



last screen viewed



back



next



Blue naevus

Small nodule, often less than a centimetre in diameter, blue-grey to black-blue in colour and situated especially frequently on the back of the hands and the feet, sometimes on the face. Its colour is caused by the deep dermal site of the melanocytic clusters.

Basic Lesions: Pigmented Macules; Nodules

Causes: None specific



search



contents



print



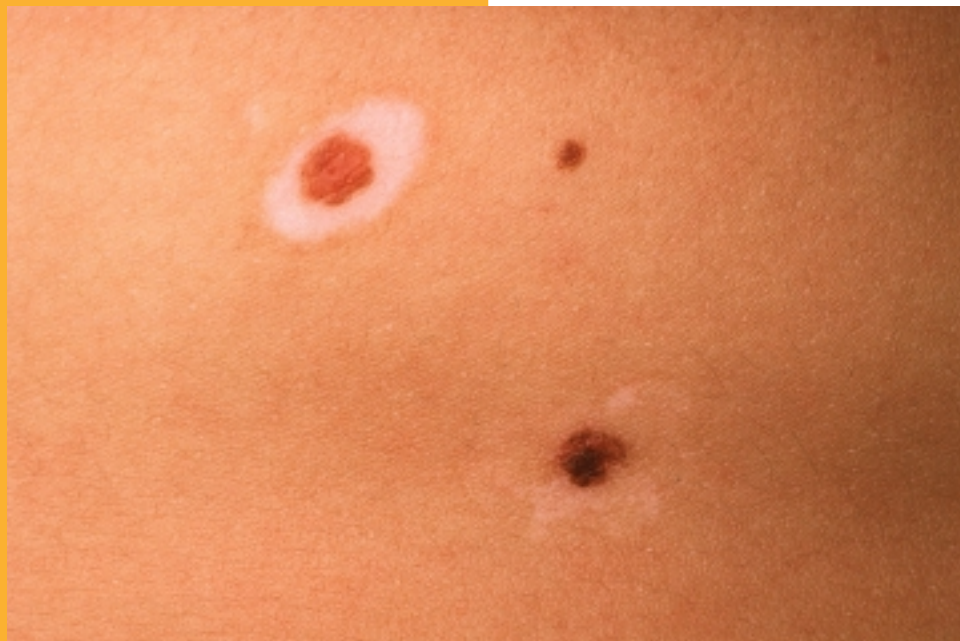
last screen viewed



back



next



Halo naevus (Sutton's naevus)

Sutton's naevus is a melanocytic naevus surrounded by a depigmented corona. In the course of its natural development the naevus component gradually disappears and the white halo undergoes gradual repigmentation. This feature of its course is probably autoimmune. ▶

Basic Lesions: Pigmented Macules; Achromic macules

Causes: None specific



search



contents



print



last screen viewed



back



next



Halo naevus (Sutton's naevus)

continued

Basic Lesions: Pigmented Macules; Achromic macules

Causes: None specific



search



contents



print



last screen viewed



back



next



Naevus of the nails

Presence of a more or less dark brown longitudinal band in the nail plate (melanonychia), clinical evidence of the existence of a melanocytic naevus in the matrix region.

Basic Lesions: Pigmented Macules

Causes: None specific



search



contents



print



last screen viewed



back



next