

Skin Cancer Awareness Common Skin Lesions



ML Pathology

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There are many causes of sores, spots, lumps and bumps in the skin. Many are benign but some are cancerous or pre-cancerous. An easy way to divide the common skin cancers is into melanoma and non-melanoma skin cancers. This is a list of the more common types of skin lesions you may see in your pathology report.

NON-MELANOMA SKIN CANCERS and PRECURSOR LESIONS

SQUAMOUS CELL CARCINOMA (SCC)

- Can be a scaly, crusted or red spot/lump
- The ones on the head and neck are more dangerous than BCC as they can spread to lymph nodes and other organs

BASAL CELL CARCINOMA (BCC)

- The most common type of skin cancer that is, overall, less dangerous than SCC
- There are many different types that can occur together but some can be more aggressive

More common types:

Superficial BCC

Usually flat; can be shiny or red and scaly. Usually occurs on body. Can be difficult to see the edge.

Solid/nodular BCC

Usually occurs on head and neck as a pearly lump or sore that doesn't heal

More aggressive types:

Infiltrative and micronodular BCC

More aggressive types can invade nerves and be difficult to remove. Often appears as a thickened or scar-like area.

SOLAR KERATOSIS

- 'Sun spot' - very common, often scaly or red
- Can progress to SCC

INTRAEPIDERMAL CARCINOMA/BOWEN'S DISEASE/SQUAMOUS CELL CARCINOMA IN SITU

- Can be thickened, red or scaly
- Some develop from solar keratosis
- Can progress to SCC

KERATOACANTHOMA

- Occurs in sun-damaged skin and thought by some to be a type of SCC
- Grows quickly and usually has a crusted plug
- Often shrinks by itself but can leave deforming scars

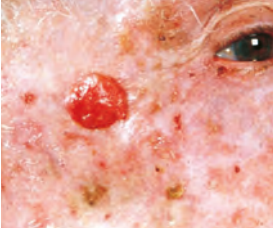


Fig 1: SCC



Fig 5: Solar Keratosis



Fig 2: BCC



Fig 6: Intraepidermal Carcinoma



Fig 3: Superficial BCC

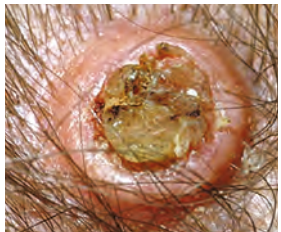


Fig 7: Keratoacanthoma

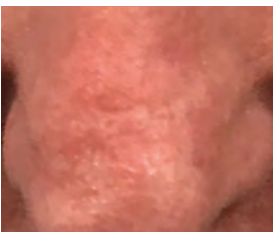


Fig 4: Superficial BCC after Efudix treatment

PIGMENTED LESIONS

Not all brown/black spots or lumps are caused by an increase in the number of melanocytes, which are a type of skin cell that produces pigment. Seborrhoeic keratosis is often pigmented and some brown areas are caused by pigment left after inflammation. Non-melanoma skin cancers and precursor lesions can sometimes also be pigmented. Your doctor may perform dermoscopy, which can sometimes help to tell the difference.

BENIGN PIGMENTED LESIONS

FRECKLE/EPHELIS and SOLAR LENTIGO

- Benign, not a true 'naevus' but result from increased pigment in the skin

COMMON NAEVUS

- Benign
- There are a variety of common naevi including Lentiginous Naevus, Junctional Naevus, Compound Naevus and Intradermal Naevus.

DYSPLASTIC NAEVUS

- A type of benign naevus that can sometimes be difficult to tell from melanoma
- Having one or a few does not increase the chance of developing melanoma

SPITZ NAEVUS

- A type of benign naevus that usually occurs in children and adolescents
- Can vary from pink to brown

PIGMENTED SPINDLE CELL NAEVUS (REED NAEVUS)

- Benign, usually occurs of the thighs of young women
- Dark brown and uniform

BLUE NAEVUS

- Benign, usually blue/black as the cells and pigment are deeper in the skin
- There are several different types (common, sclerosing, deep penetrating, epithelioid etc)



Fig 8: Solar Lentigo



Fig 11: Spitz Naevus



Fig 9: Common Naevus

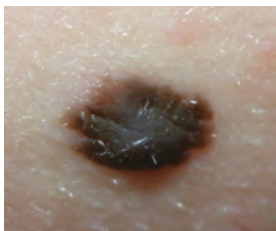


Fig 12: Reed Naevus



Fig 10: Dysplastic Naevus



Fig 13: Blue Naevus

MELANOMA

(see melanoma brochure for more information)

- Cancer involving melanocytes
- There are several different types - some types, such as lentigo maligna, can be more difficult to remove
- Level 1 melanoma (melanoma in situ) has not invaded and cannot spread to other parts of body
- The thickness of the melanoma is the most important factor in predicting its behaviour

>>> Continued Overleaf

It is important to have your moles checked frequently. An atypical mole looks irregular and can have different colours. An easy way to remember what to look for in an abnormal mole is 'ABCDE':

A = asymmetrical (irregular shape)

B = border (irregular outline)

C = colour (different or uneven colours)

D = diameter (>6mm)

E = evolution (change in size and colour)

- Not all funny looking moles are bad but they should be looked at by your doctor
- Not all funny looking moles need to be cut out, only if they look different from your other moles
- It is also important to remember that not all melanomas are pigmented

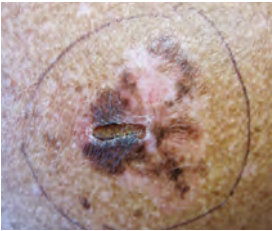


Fig 14: Melanoma

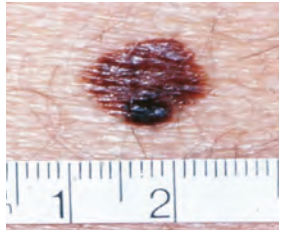


Fig 15: Melanoma

OTHER BENIGN SKIN LESIONS

SEBORRHOEIC KERATOSIS

- Very common, benign warty lesion that occurs in older people
- Can be multiple and occur anywhere on skin apart from palms and soles
- Can be yellowish, grey or brown/black

BENIGN LICHENOID KERATOSIS

- Often mistaken for BCC
- Can be any benign lesion (usually seborrheic keratosis, solar lentigo or large cell acanthoma) that has been largely destroyed by your body's own inflammatory cells

DERMATOFIBROMA

- This is a fibrous nodule that is more common on the legs but can occur anywhere
- It is firm and the skin surface is often brown
- Pinching causes dimpling of the skin surface
- It is benign and does not need to be cut out unless it is bothersome



Fig 16: Seborrheic Keratosis



Fig 18: Dermatofibroma

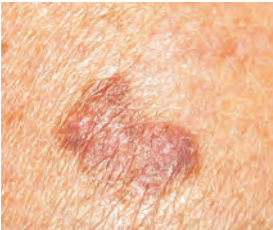


Fig 17: Benign Lichenoid Keratosis

DIAGNOSIS AND TREATMENT

It is recommended that your skin is checked regularly for possible abnormalities, ensuring suspicious areas are assessed by a trained skin practitioner or dermatologist.

The main abnormalities to look for are as follows:

- A crusty, non-healing sore
- A small lump which is red, pale or pearly in colour
- A new spot, freckle or mole changing over a period of weeks or months in colour, thickness or shape.

Suspicious lesions will be identified by your doctor who may choose to send a sample of the lesion to be assessed by a specialist skin pathologist. The pathologist will send a comprehensive report to your doctor who will then discuss any further management and treatment options.

As this brochure contains only general information, professional advice from your medical practitioner should be sought before applying the information in this brochure to particular circumstances. You should not rely on any information contained in this brochure without first obtaining professional advice. *Prices are correct at time of printing and are subject to change without notice.

Acknowledgements

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