

BENIGN LUMPS AND BUMPS

Origins, Characteristics, and Optimal Management

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Even nothing can be
something...

Agenda/Objectives



Identify Benign Skin Lesions



Optimal Management Strategies



Surgical Intervention



Patient Education and Counseling

Audience Poll – Knowledge Check

Which of the following is described as a mobile, subcutaneous nodule with a central punctum?

- A. Seborrheic Keratosis
- B. Lipoma
- C. Cherry angioma (Hemangioma)
- D. Epidermal Inclusion Cyst

Audience Poll – Knowledge Check

Which lesion shows the classic 'stuck-on' appearance?

- A. Seborrheic Keratosis
- B. Idiopathic Guttate Hypomelanosis
- C. Ephelides (Freckles)
- D. Acrochordon

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A patient comes in with a painless, 1.5 cm, transilluminating cyst on their wrist.

What is the likely diagnosis?

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- B. Ganglion Cyst
- C. Lipoma
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INTRODUCTION TO CYSTS

Key Features of a Cyst

True Cyst

- **Epithelial Lining:** Composed of epidermal cells
- **Common Locations:** Face, trunk
- **Appearance:** Skin-colored or yellowish, may appear red and inflamed
- **Contents:** Keratinous material

Pseudocyst: Lacks epithelial lining





Ganglion Cyst:

Soft nodule near joints
(wrist, ankle)



Mucocele:

Mucosal-colored nodule on the lip
(due to salivary gland trauma)



Pilar Cyst:

Skin-colored nodule on
the scalp (may cause hair
loss)



Ganglion Cyst

- Soft, fluid-filled cyst
- Commonly found near tendons and joints, especially the wrist and ankle
- Often asymptomatic but can cause pain or discomfort, particularly with movement



Mucocele

- Mucosal-colored papule or nodule on the lip
- Results from trauma or blockage of salivary glands
- Often asymptomatic but may cause discomfort or interfere with speech or eating



Pilar Cyst

- Skin-colored nodule on the scalp
- May cause hair loss (alopecia) in the affected area
- Often benign and asymptomatic

Cyst Management: Tailored Approaches Based on Clinical Needs



Reassurance and Monitoring (asymptomatic, small cysts)



Intralesional Corticosteroid Injections (reducing inflammation and cyst size)



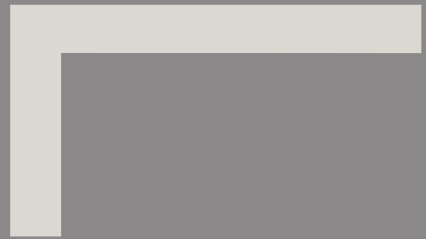
Incision and Drainage (diagnostic and therapeutic)



Excision (slit, elliptical, shave)

Key Takeaways: Cyst Management

- **Most Cysts:** Do not require surgical intervention.
- **Definitive Treatment:** Surgical removal is the most definitive approach.
- **Inflamed Cysts:**
 - *Intralesional corticosteroids*
 - *Incision & drainage (I&D)*
 - *Oral antibiotics*



LIPOMAS





Key Features of a Lipoma

- **Benign tumors** composed of fat cells (adipocytes)
- **Soft, mobile, dome-shaped** subcutaneous nodules
- **Common Locations:** Trunk and extremities
 - *Often asymptomatic*
- **Angiolipomas:** May be tender, especially with cold temperatures

Cyst Considerations: Familial Syndromes, Malignancy, and Differential Diagnoses

- **Familial Lipoma Syndrome:** Autosomal dominant condition characterized by multiple slow-growing lipomas.
- **Liposarcoma:** Rare malignant tumor of adipose tissue, often found on extremities and abdomen.
- **Dercum Disease (Adipositas Dolorosa):** Condition characterized by multiple painful lipomas, tender plaques, and obesity, primarily affecting women.

Lipoma Management



Clinical Diagnosis: Often based on physical examination, ultrasound may be helpful for confirmation



Reassurance and Observation (asymptomatic, small lipomas)



Surgical Excision:

- Angiolipomas causing discomfort
- Large, disfiguring lipomas



Liposuction (poorly circumscribed, widespread lipomas)



HEMANGIOMA (CHERRY ANGIOMA)



Key Features of Angiomas

- **Benign growths** of superficial blood vessels
- **Raised, red or purple** lesions
- **Common Locations:** Head, neck, trunk, and extremities
- **Contributing Factors:** Age, genetics, and hormones (pregnancy)

Angioma Management



Reassurance and Monitoring (asymptomatic lesions)



Spontaneous Involution (some may resolve after pregnancy)

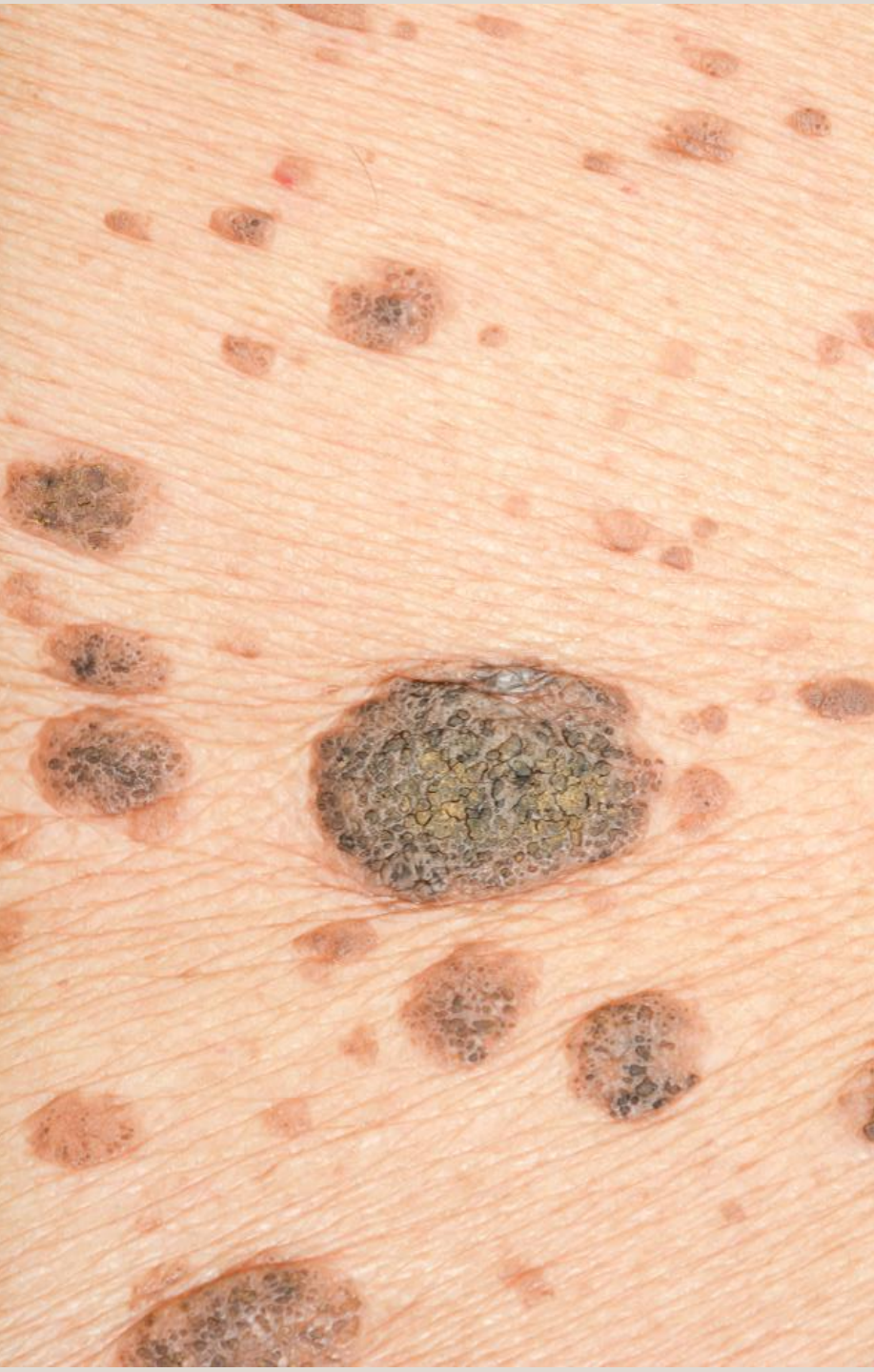


Procedural Treatments:

- Electrodesiccation
- Pulse Dye Laser (PDL)
- Cryotherapy
- Shave Excision



SEBORRHEIC KERATOSIS



Key Features of Seborrheic Keratosis

- **Appearance:** Brown, dark, scaly, waxy papules with a "stuck-on" appearance
- **Color Variations:** Skin-colored, yellow, or gray
- **Common Locations:** Face, scalp, chest, back, extremities, and skin folds
- **Symptoms:** May itch or become inflamed

How to Explain Seborrheic Keratosis For Patients

Seborrheic Keratosis is a non-cancerous overgrowth of skin cells that appears or increases with age.

"wisdom spots"

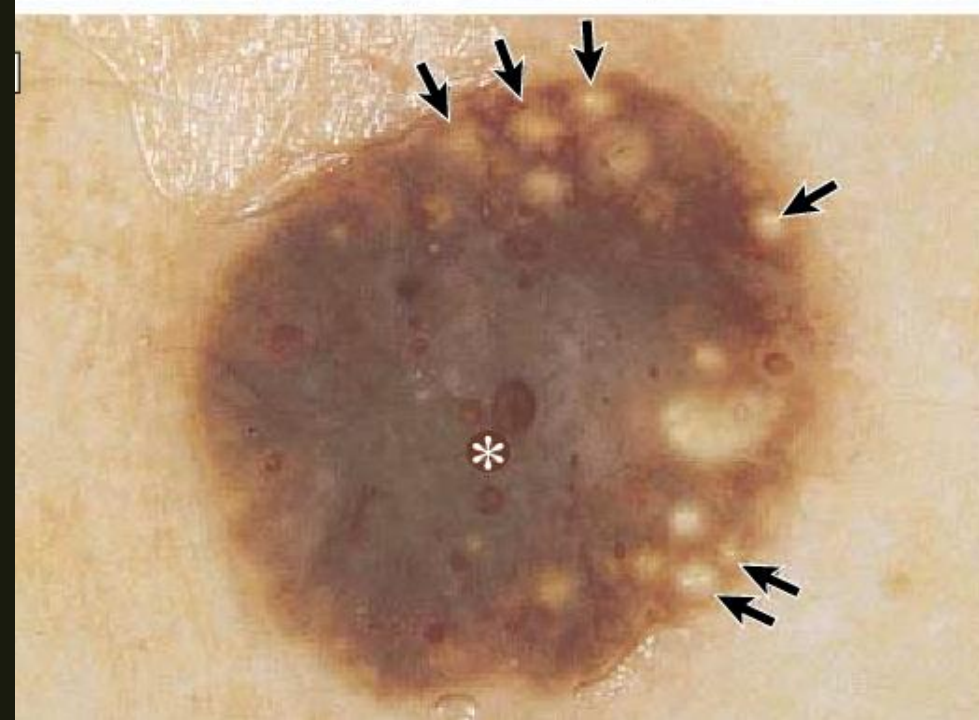


"maturity spots"

"age spots"

Dermoscopy in Diagnosing Seborrheic Keratosis

- **Dermoscopy as a Tool:** Useful for confirming the diagnosis of seborrheic keratosis.
- **Common Observations:**
 - *Comedo-like openings*
 - *Milia-like cysts*
 - *Gyri and sulci patterns (resembling brain-like folds)*
 - *Hairpin vessels*



Seborrheic Keratosis Management



Treatment is specific to each patient and dependent on size, location, and clinician's confidence of benign nature.



Reassurance (often sufficient for asymptomatic lesions)



Procedural Treatments:

- Cryotherapy / Liquid Nitrogen
- Electrodesiccation with or without curettage
- Ablative laser
- Shave removal
- Topical 40% Hydrogen Peroxide solution

Key Takeaways of Seborrheic Keratosis (SK)

- **Benign:** Harmless and do not become cancerous
- **Symptoms:** May be itchy or irritating
- **Appearance:** Vary in color and texture
- **Growth:** Can increase in number with age
- **Treatment:** Optional for cosmetic or symptomatic reasons (e.g., cryotherapy, electrodesiccation)



DERMATOSIS PAPULOSA NIGRA (DPN)



Key Features of Dermatitis Papulosa Nigra

- **Appearance:** Benign brown macules and papules
- **Skin Type:** Predominantly seen in darker skin tones
- **Common Locations:** Face and neck
- **Onset:** Typically begins during adolescence

Dermatosis Papulosa Nigra Management



Treatment: Primarily for cosmetic reasons



Patient Counseling (counsel on potential dyspigmentation risks with removal)



Procedural Treatment Options:

- Scissor excision
- Electrodesiccation with or without curettage
- Cryotherapy



IDIOPATHIC GUTTATE HYPOMELANOSIS



Key Features of Idiopathic Guttate Hypomelanosis

- **Benign, acquired** skin lesions
- **Appearance:** Multiple, well-defined hypopigmented or depigmented macules
- **Common Locations:** Extensor surfaces of extremities and upper chest
- **Patient Demographics:** Commonly seen in women and individuals with darker skin tones

Idiopathic Guttate Hypomelanosis (IGH) Management



Sun Protection (Essential to prevent further hypopigmentation)



Reassurance (explain that IGH doesn't typically repigment)



Treatment Options:

- Superficial Abrasion
- Topical Steroids
- Ytterbium/Erbium Fiber Laser
- Excimer Light Therapy

Note:

Treatment success varies,
and no definitive cure exists.



ACROCHORDON (SKIN TAGS)



Key Features of Acrochordon

- **Appearance:** Benign, skin-colored or brown, soft, pedunculated papules
- **Symptoms:** May become irritated or inflamed
- **Common Locations:** Neck, axillae, groin, and trunk
- **Influencing Factors:** Genetics, hormones, and weight changes

Acrochordon Management



No treatment is necessary unless they are causing patient **discomfort**



Procedural Treatment Options:

- Scissor excision + Lidocaine
- Cryotherapy
- Electrodesiccation



EPHELIDES (FRECKLES)



Key Features of Ephelides

- **Appearance:** Flat, distinct brown macules
- **Sun Exposure:** May become darker
- **Common Locations:** Mid-face
- **Genetic Predisposition:** Increased prevalence in childhood and adolescence

Ephelides (Freckles) Management



Sun protection at least SPF 50 and broad spectrum (most common recommendation)



Treatment Options:

- Topical lightening agents (Hydroquinone)
- Lasers (pulse-dye and Nd:Yag)
- Cryotherapy



DERMATOFIBROMA



Key Features of a Dermatofibroma

- **Appearance:** Benign, solid, firm, rubbery nodules
- **Color:** Pink-reddish or dark brown, depending on skin tone
- **Common Locations:** Lower extremities
- **Physical Exam Finding:** Dimple sign (nodule dimples when pinched)

Dermatofibromas Management



Patient Reassurance (Benign nature and low risk of malignancy)



Trauma Risk (Prone to trauma due to location and morphology)



Treatment: Excision may be considered for symptomatic or cosmetically bothersome lesions

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