

Skin & Subcutaneous Tissues

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Lipoma

-Solitary / Multiple / Diffuse

-Subcutaneous

-Subfacial (Palmar / Plantar)

-Intermuscular (Thigh / Shoulder)

-Submucous

-Subserous (Pleura)

-Parosteal

-Extradural

-Intra-articular / Subsynovial

-Intraglandular (Pancreas / Breast / Renal Capsule)

-Retroperitoneal

Complications:

--Stridor

--Intussusception

--Sarcoma (Large Retroperitoneal / Thigh / Shoulder)

--Paraplegia



Sebaceous Cyst

Any where except Palm & Feet, Mostly Scalp, Face, Scrotum

Tense Cyst, Punctum

Infection, Sebaceous Horn (Cock's Peculiar Tumour), Ulcer & Alopecia

Treatment is by excision



Sebaceous Cyst



Dermoid Cysts

1-Sequestration Dermoids

(Lines of fusion)

2-Tubuloderoids

(Remnants of Embryonic Ducts e.g Thyroglossal Cyst, Branchial Cyst from Cervical sinus)

3-Inclusion Dermoids

(Inclusion of dermis during cavity Closure (Sublingual, Suprasternal, Intracranial, intraspinal)

4-Teratomaous Dermoids

(Ovary, testis, posterior mediastinum)

5-Implantation Dermoids

Treatment is by excision (Scalp in Children ?? Dural communication)



Dermoid Cysts



Other Benign Conditions

Callosity ----- Corn

(Salicylic Acid)

Warts

(Viral) (Curretage & diathermy / Glacial acetic acid / Cryo)

Papilloma

Familial Trait autosomal dominant

Benign tumour formed of immature squamous or basal epidermal cells nourished by long dermal papilla

Congenital Papilloma / Soft Papilloma in elderly (Basal Cell "Seborrhoeic Wart") / Keratin Horn

Keratoacanthoma

(Sun or Tar exposure – Spontaneous Resolution – reddish papule rapidly turning into round umbilicated mass which may mimic BCC or Sq CC)



Other Benign Conditions





Medscape® www.medscape.com



Hemangiomas

1-Capillary

Salmon Patch (Since Birth Midline forehead or occiput / Spontaneous resolution in 1 yr)

Strawberry (1-3 weeks after birth / Red involving S.C. tissue or Muscles / Spontaneous resolution age 7-8)

Port wine stain (Since birth / dark red / not raised / Central blanching on pressure / No spontaneous resolution / LASER or Grafting if Large) , some times taking trigeminal nerve With or without Sturge-Weber Syndrome

Spider Naevi

Hereditary Hemorrhagic Telangiectasia (Multiple small angiomas, skin and mucosa. / Hge)

2-Cavernous

(Large / Skin or organs / Sometimes associated with lipoma / in Skin: LASER / Surgery or Injections)

3-Arterial (Cercoid Aneurysm)

(A form of AV fistula / Scalp / Surgery after embolisation)





Premalignant Conditions

Bowen's Disease

Exposed or non exposed areas

Intraepidermal Sq.C.C Often misdiagnosed as Psoriasis

Persistent Progressive Nonelevated **Red** Scaly/crusted Plaque **easily detached**

Treatment: Best Surgery, if large (Cryo / Curettage / Cautery / Radiotherapy / Cytotoxic therapy)

Solar/Actinic/Senile/Squamous Keratosis

Sun exposure

Dry rough **brown adherent** scales

Treatment: (Cryo / Curettage / Cautery / surgery / Cytotoxic therapy) **BUT NO RADIOTHERAPY**

Radiodermatitis

Chronic Scars (Marjolin's Ulcer)

Leukoplakia (Perianal or Oral Mucosa)

Paget's Disease of the Nipple





Basal Cell Carcinoma

Rodent Ulcer

Aetiology: UVR / Xeroderma / Albinism / Ionizing Radiation / Immunosuppressives

Sites: 90% above a line from lobule of ear to angle of mouth esp. canthi and NLF)

Gross Types

- ** Ulcerated
- ** Excavating (Nose)
- ** Flat Superficial spreading (trunk)
- ** Nodular
- ** Morphoeic (Firm Raised Red Plaque)
- ** Sclerosing
- ** Cystic
- ** Pigmented
- ** Turban tumour (Cylindroma)

Microscopic Picture

Nests or sheets outer layer of which arranged like a palisade

Only direct spread

Treatment after biopsy

- ** **RADIOTHERAPY or SURGERY** (small / resistant / recurrent / infiltrating / near eye)
- * Cryotherapy / Curettage for very small ulcers
- * Moh's Technique (ZnCl)

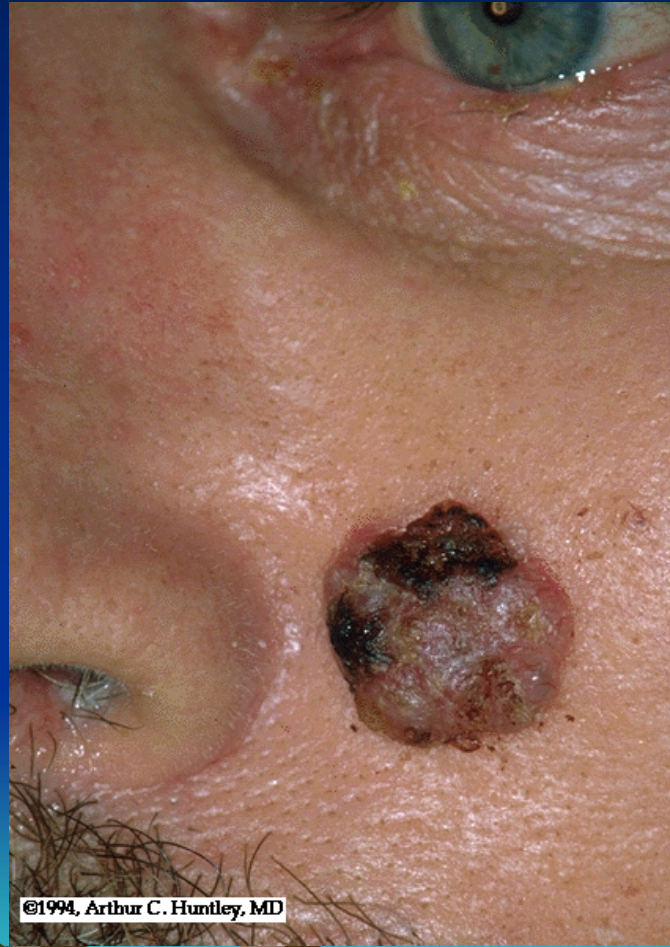
Basal Cell Carcinoma

Rodent Ulcer



Basal Cell Carcinoma

Rodent Ulcer



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Squamous Cell Carcinoma

Epithelioma

Aetiology: UVR / Xeroderma / Albinism / Ionizin Radiation / Immunosuppressives / Chronic Ulcers

Macroscopic Picutre: Ulcer / raised everted edge, Hard Indurated base / Floor necrotic mass

Microscopic Picture Epithelial pearls

Spread

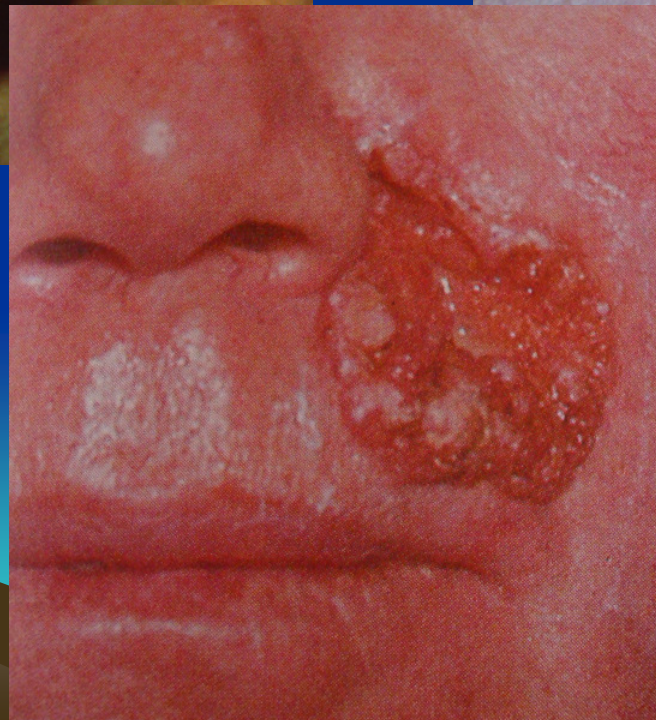
Treatment after biopsy

RADIOTHERAPY or SURGERY (small / resistant / recurrent / infiltrating / near eye / LN dissection)



Squamous Cell Carcinoma

Epithelioma



Benign Melanocytic tumors



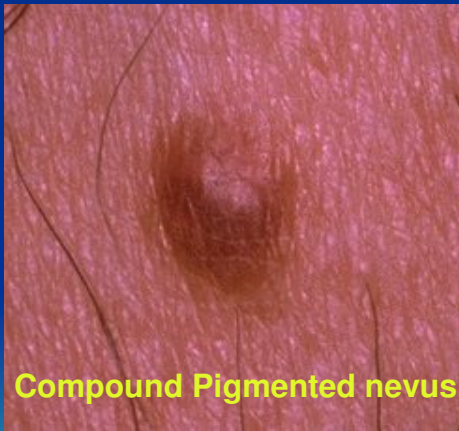
Lentigo

Basal layer of epidermis



Junctional Pigmented nevus

Basal layer of epidermal bulging into dermis



Compound Pigmented nevus

Basement membrane disrupted



Intradermal Pigmented nevus

Most adulthood nevi

Nevus cells mature

May turn malignant

Melanocytes in dermis & lose ability to form melanin Called nevus cells

Subtype: Giant hairy nevus

Malignant Melanoma

Aetiology: UVR / Xeroderma / Albinism / Benign Nevi (**Criteria: Size / pigment / Pain / Itch / fissure / bleeding / Satellites**)

Types:

Superficial spreading Melanoma (anywhere / Irregular / raised / epidermal)

Nodular Melanoma (any where / irregular / raised / dermal)

Lentigo Maligna (Hutchinson Melanotic Freckle) (Face / elderly / basal layer of epidermis)

Acral-Lentiginous Melanoma (Palm & soles & nail bed)

Amelanotic Melanoma (very poor prognosis)

Spread

Treatment after biopsy

Radical Excision with Safety Margin with or without LN dissection + Adjuvant treatment



Types of Melanoma

Superficial spreading melanoma (anywhere / Irregular / raised / epidermal)

most common of the melanomas.

It usually occurs in middle age, but may occur in younger people.

It can assume many shapes, variety of colors, though there is usually a reddish hue.

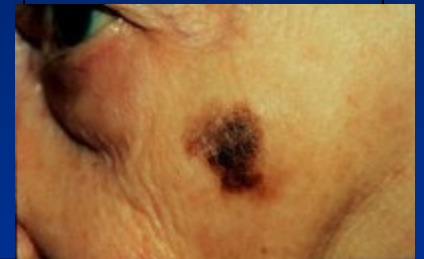


Lentigo maligna melanoma (LMM)

(Hutchinson Melanotic Freckle) (Face / elderly / basal layer of epidermis)

usually occurs in older people (>6th decade)

in chronically sun exposed areas, most commonly on the face.



Acral-lentiginous melanoma

most frequent in blacks and Asians.

The most common site is the plantar surface of the foot. Next palms & nail beds



Nodular melanoma

most often occurs in middle age and is more frequent in males. It is usually dome shaped and may ulcerate



Infections

Cellulitis

Erysipelas (Streptococcal / Raised edge / Skip lesions)

Boil (Furuncle)

Carbuncle

Hydradenitis suppurativa

Infections



Infections

