

Spots for 400.

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# Overview

- Ephelides
- Lentigo
- Benign Nevi
- Blue Nevus
- Nevus Sebaceous
- Café-au-lait
- Seborrheic Keratosis
- DPNs
- Epidermoid Cysts
- Keratosis Pilaris
- Sebaceous Hyperplasia
- Dermatofibroma
- Acrochordon
- Pyogenic Granuloma
- Cherry Hemangioma
- Angiokeratoma of Fordyce
- Venous Lake
- Solar (senile) Purpura

# Ephilades (freckles)

- Well-defined, tan or brown color
  - Sun exposed areas
  - Fade without sun exposure
- picture

# Solar Lentigo

- Senile lentigo, sun spot
  - Pigmented macule appearing on fair-skinned individuals
  - Due to UV exposure, sun
  - Located on sun-exposed skin, including the face, upper chest, shoulders, dorsal arms, and hands.
  - \*Careful NOT to miss LM
  - No treatment
    - Cryotherapy, laser
- PICTURE

# Benign Nevus

- Junctional Picture
- Compound picture
- Dermal Picture

# Benign Nevus

- Symmetry in size, color, shape
  - Stable or very slow evolution
  - Absence of bleeding
  - May be present at birth
  - Generally stop getting new spots around 30-40s
  - No treatment unless changed and/or bothersome
  - If in doubt, biopsy or refer
- Picture

# Blue Nevus

- Many types, may have malignant transformation
  - 0.1-1 cm, solitary, blue macule or papule
  - Can occur anywhere on body
  - More prevalent in darker skin tones
  - Unless certain of diagnosis, biopsy or refer
- PIC



# Nevus Sebaceous

- Uncommon birthmark
  - Benign hair follicle tumor caused by defect of ectoderm
  - Solitary, smooth, yellow-orange to flesh colored, hairless patch
  - Linear, bumpy, warty appearance
  - Mostly found on scalp but may occur on face or neck
  - Treatment
    - Monitor
    - May have malignant BCC transformation and warrant biopsy
- PIC

# Café-au-lait

- Common birthmark or may appear in early infancy
  - Light brown, well-demarcated, oval or round shape
  - Generally isolated spot.
    - If 2 or more spots, consider neurofibromatosis or genetic syndrome
  - No treatment
    - Laser
- PIC

# Seborrheic Keratosis

- Very common
  - Raised, "stuck-on" papules and plaques with well-defined borders
  - Typically found on chest, back, face, legs, scalp
  - Increase with age, genetics
  - Frequently asymptomatic but may itch, bleed when traumatized
  - May be mistaken for Melanoma
  - No treatment
    - Ln2, Electrocautery
- PIC

# Dermatosis Papulosis Nigricans

- Term given to the papular seborrheic keratoses on face of darker skin individuals
- Brown, 1-3 mm papules
- No treatment
  - Careful with any treatment due to increased risk of scarring
  - Cautery
- pic

# Sebaceous (Epidermoid) Cyst

- Found on face, trunk, extremities
  - Cyst wall = stratified squamous epithelium
  - Contents = macerated keratin and lipid-rich debris. Face, trunk, extremities
  - May have central punctum
  - Generally asymptomatic but painful if ruptures or infected
  - Contents are thick, whitish material with a foul odor
  - Treat if inflamed, infected, symptomatic or diagnosis in question
- PIC

# Keratosis Pilaris

- Very common “chicken skin”
  - Numerous tiny monomorphic, 1-2 mm papules
  - Rough appearance, may have erythema
  - Found on extensor upper arms, thighs, cheeks
  - Caused by follicular plugging and buildup of keratin
  - No treatment
    - Keratolytics
- Pic

# Sebaceous Hyperplasia

- Overgrowth of sebaceous oil gland
- 2-5 mm, flesh or yellow colored papule
- Mostly on face but can appear on trunk
- Ensure NOT pathologic
- No treatment
  - Electrocautery
- PIC

# Dermatofibroma

- Generally from trauma
  - Firm, fibrous nodule
  - Varied sizes, most 0.5 – 1.5 cm
  - Asymptomatic or may be tender
  - Frequently found on lower legs, posterior arms
  - Dimple sign
  - No treatment
    - MUST be certain of diagnosis or biopsy
- PIC



# Acrochordon

- Soft, fleshy papule,
- Most always pedunculated.
- Vary in diameter from 1 to 6 mm
- Occur in areas of friction
- No treatment
  - Numb and snip
  - Ln2
- PIC

# Pyogenic Granuloma

- Friable, painless, bright red papule or nodule
- Acquired proliferation of capillary blood vessels
- Spontaneous bleeding or with trauma
- Exact etiology unknown
  - Trauma
  - Pregnancy
- Treatment: biopsy with cautery
- PIC

# Cherry Hemangioma

- Common acquired vascular proliferation
  - Dome-shaped, bright ruby red to dark purple
  - Composed of thin-walled, dilated capillaries
  - Occur anywhere on body
  - 1-5 mm in diameter
  - Present in early to mid-adulthood
  - Increase with age
  - No treatment
    - Cautery
- Pictures

# Angiokeratoma of Fordyce

- Generally asymptomatic
  - Scrotum or vulva
  - 2-5 mm, smooth-topped, red to violaceous papules
  - Composed of dilated dermal capillaries
  - May be caused by increased venous pressure
  - May bleed with slight trauma
  - Scrotum or vulva
  - No treatment required
    - cryotherapy, electrocautery, and laser therapy
- pic

# Venous Lake

- Solitary, soft, compressible, dark blue/violaceous • pic
- 0.2 to 1 cm papule
- Middle age or older
- Unknown etiology
- Mostly found on lower lip but can be on face, ears
- No treatment

# Solar (senile) Purpura

- Common, recurrent formation of bruises on extensor surfaces of forearms
  - Induced by slight trauma
  - Due to years of photodamage, atrophy of skin
  - Associated skin tears
  - 1-4 cm diameter, violaceous or purple patches with well-defined margin
  - Self-limited after weeks but frequent recurrence
  - No treatment
    - Ensure labs and coagulation factors are normal if no evidence of solar damage
- PICTURE

# Pearls

- ALWAYS biopsy or refer to derm if not 100% certain of diagnosis
- If something isn't responding to treatment, biopsy or refer
- Anything removed from body should ALWAYS go to pathology
- Any changing lesion warrants biopsy
- New lesions warrant close evaluation and/or biopsy
- Even if lesion has been there “forever” it can have malignant transformation

Q & A



SELF ASSESSMENT if Time Permitting to follow