

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
 - 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
- pic

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