

The background of the slide is a light gray gradient with several realistic water droplets of various sizes scattered across it. The droplets have highlights and shadows, giving them a three-dimensional appearance. The text is centered on the slide.

CONNECT THE DOT WHAT'S THAT SPOT

GINA MANGIN, MPAS, PA-C

DISCLOSURES

- SPEAKER FOR ABBVIE
- SPEAKER FOR REGENERON SANOFI- GENZYME
- SPEAKER FOR DERMAVANT
- AD BOARD CONSULTANT FOR ARCUTIS
- AD BOARD CONSULTANT FOR AMGEN
- AD BOARD CONSULTANT FOR BRISTOL MYERS
- AD BOARD CONSULTANT FOR LILLY
- AD BOARD CONSULTANT FOR JOHNSON AND JOHNSON
- AD BOARD CONSULTANT FOR INCYTE
- AD BOARD CONSULTANT FOR LEO

DERMATOLOGY

- SKIN CHECKS ARE BREAD AND BUTTER OF DERMATOLOGY
- REVIEW COMMON FINDINGS ON SKIN EXAM
- REVIEW BENIGN LESIONS

CHERRY ANGIOMA

- SLIGHTLY ELEVATED RED PAPULES
- MAY HAVE A FEW OR MANY
- NUMBER CAN INCREASE IN AGE
 - TX: REASSURANCE
 - COSMETIC: IPL OR PDL



LENTIGINES “FRECKLES”

- ROUND TO OVAL BROWN SPOTS
- ARISE IN CHILDHOOD, CAN APPEAR ANY AGE
- COMMON IN SUN EXPOSED AREAS
 - TX: REASSURANCE



LENTIGINES TX

- SUNSCREEN SUNSCREEN SUNSCREEN SUNSCREEN
- TOPICAL RETINOIDS
- TOPICAL HYDROQUINONE (2%-15%)
 - CAUTION WITH ONCHYRONOSIS: NO LONGER AVAILABLE OTC
 - COMBO WITH TRETINOIN/DESONIDE
- TOPICAL AZELAIC ACID, TOPICAL KOJIC ACID
- TOPICAL CYSTEAMINE
- VITAMIN C
- INTENSE PULSE LASER (IPL)
- CHEMICAL PEELS

PRE IPL



POST IPL



IPL DAY 2



COMPOUND/DERMAL NEVUS

- FLESHY/BROWN PAPULES
 - REASSURANCE
 - NO TX



SEBORRHEIC KERATOSIS

- OVAL SLIGHTLY RAISED BROWN/TAN/BLACK PLAQUES OR PAPULES
 - “STUCK ON”
 - MULTIPLE OR SINGLE
- ANY LOCATION: PALMS SPARED
 - TX: REASSURANCE
- COSMETIC: LIQUID NITROGEN





DERMATOSIS PAPULOSIS NIGRA

- SEBORRHEIC VARIANT SEEN IN SOC
- 1-5MM HYPERPIGMENTED PAPULES ON FACE
 - TX: REASSURANCE
- COSMETIC: ELECTROCAUTERY AT LOW SETTING



DERMATOFIBROMA

- SINGLE ROUND OVAL PAPULE/NODULE
 - MIDDLE AGE TO ADULTS
- LOWER EXTREMITIES, ELBOWS, SIDES OF TRUNK
 - “DIMPLE SIGN”
 - TX: REASSURANCE
 - COSMETIC: EXCISION



DERMATOFIBROMA



DIMPLE SIGN



NEVUS SEBACEOUS

- WAXY YELLOW/ORANGE PLAQUE
 - HAIRLESS
 - SOLITARY
- SCALP (50%) , HEAD/NECK (45%)
 - BCC IN < 1%
 - TX: REASSURANCE
 - EXCISION IF NOTICE BCC





NEVUS SPILUS

- SPECKLED NEVUS/LIGHT BROWN TAN MACULES
 - TRUNK AND EXTREMITIES
- RARELY DEVELOP INTO MELANOMA
 - 1CM OR GREATER
- TX: MONITOR, BX IF CHANGE NOTED



TALON NOIR

- BLACK NODULES ON PALMS OR SOLES
- HEMOGLOBIN WITHIN THICKENED STRATUM CORNEUM
 - DUE TO TRAUMA
 - TX: TIME OR PARRING









MUCOID CYST/MYXOID CYST

- 5-7MM OPALESCENT CYST
- DORSAL OR LATERAL HANDS
- MORE COMMON IN WOMEN
- MANY TIMES ASYMPTOMATIC
- MAY CAUSE NAIL DYSTROPHY
- PUNCTURE: JELLY CLEAR VISCOUS FLUID
 - TX: NONE OR PUNCTURE/EXCISION/CO2





MILIA

- 1-4MM KERATINOCYTE CYST
 - SINGLE OR MULTIPLE
- FAVOR FACE: CHEEKS, EYELIDS AND FOREHEAD
 - TX: NONE
- COSMETIC- EXTRACTOR, DAILY RETINOIDS



SEBACEOUS HYPERPLASIA

- 2-6MM YELLOWISH PAPULE WITH TELANGIECTASIAS UMBILICATED
 - “PROMINENT OIL GLANDS”
 - USUALLY ADULTS
- FOREHEAD, TEMPLES, INFRAORBITAL RIMS
 - TX: REASSURANCE
- COSMETIC: ELECTROCAUTERY, LASER
LOW DOSE ISOTRETINOIN (RARELY)



SKIN TAGS/ ACROCHORDON

- SKIN COLORED PEDUNCULATED PAPULES
 - NECK, AXILLAE, GROIN
- MAY INCREASE WITH WEIGHT GAIN OR PG.
 - TX: REASSURANCE
- COSMETIC: SCISSOR EXCISION, CAUTERY, LIQUID NITROGEN



MELANOCYtic/ JUNCTIONAL NEVUS

- SMOOTH BROWN 1-6MM EVENLY
PIGMENTED LESION
- APPEAR BETWEEN 3- 18 YEARS OLD
- TX: REASSURANCE



MOLLOSCUM

- SKIN COLORED PAPULES WITH CENTRAL UMBILICATION
 - CHILDREN MORE COMMON
 - POX VIRUS
- SPREAD BY CLOSE CONTACT AND SWIMMING POOLS
- AXILLAE, GROIN, NECK, THIGHS, BUTTOCKS



MOLLOSCUM



MOLLOSCUM TX

- REASSURANCE: MAY RESOLVE SPONTANEOUSLY (4M-2YRS)
- CURETTAGE
- CRYOTHERAPY
- CANTHARIDIN 0.7%
- BERDAZIMER 10.3 % GEL
- RETINOIDS
- HEATING PAD: LOW SETTING ONCE A WEEK FOR 30 MINUTES FOR 12 WEEKS

BLUE NEVUS

- SOLITARY BLUE DOMED PAPULE <1 CM
- PROLIFERATION OF DENDRITIC MELANOCYTES WITHIN DERMIS CAUSING A “TYNDELL” EFFECT
- TX; REASSURANCE



EPIDERMAL CYST

- YELLOW WHITE NODULE WITH PUNCTATE
 - FREELY MOBILE
 - FACE, NECK, TRUNK
- TX: IL KENALOG OR EXCISION, ABSCESS- MUST DRAIN AND PACK



WART/VERRUCAE VULGARIS

- HYPERKERATOTIC PLAQUES/PAPULES WITH PUNCTATE BLACK DOTS
- HUMAN PAPILLOMA VIRUS (200 GENOTYPES)
- TX: CRYOTHERAPY Q2 WEEKS, CANTHARIDIN, SALICYLIC ACID, IMIQUIMOD, 5% FLUOURACIL, SINECATECTHINS, IL CANDIDA OR BLEOMYCIN



LICHEN KERATOSIS

- DUSKY RED VIOLACEOUS PAPULAR LESION <1CM
- ARMS, HANDS, FEET, OR CHEST
 - MISTAKEN AS A BCC
 - TX: REASSURANCE



LICHEN KERATOSIS



CHONDRODERMATITIS NODULARIS HELICIS

- SMALL TENDER DOMED PAPULES ON
HELIX EAR
- 2-4MM WELL DEFINED , MILDLY RED
 - FAVORS SIDE PT SLEEPS ON
 - TX: REASSURANCE
- IL STEROIDS, CRYOTHERAPY, CHN
PILLOWS, EXCISION (RARE)



CHONDRODERMATITS NODULARIS HELICIS



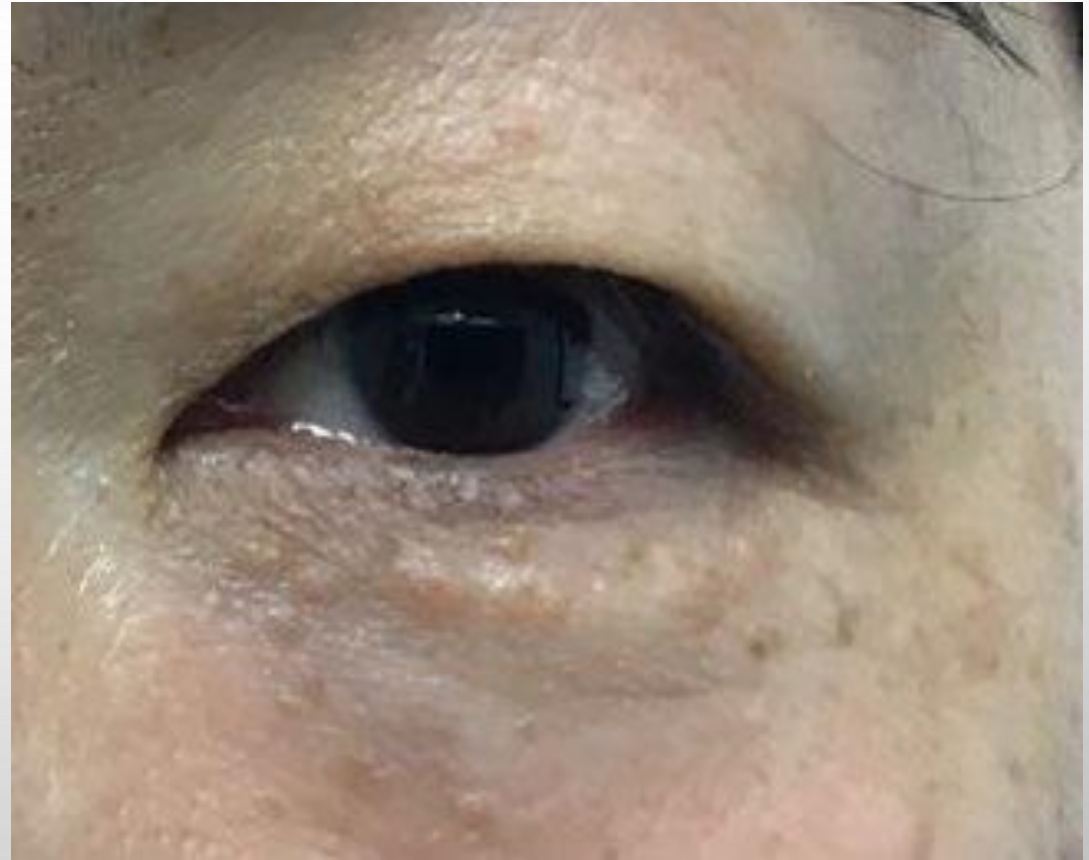
XANTHELASMA

- YELLOW/ORANGE PLAQUES 2-30MM
- COMMON EYELIDS/INNER CANTHUS
 - MID 30-40Y/O
- WORK UP FOR HYPERLIPIDEMIA (50%)
 - TX: NONE
 - COSMETIC: EXCISION



SYRINGOMAS

- SKIN COLORED TO YELLOW 2-4MM PAPULES
- EYELIDS OR UPPER CHEEKS MOST COMMON
 - MULTIPLE
 - TX: NONE
- COSMETIC: ELECTROCAUTERY, SHAVE EXCISION



EPIDERMAL NEVUS

- MAJORITY ARE LINEAR
- TRUNK OR LIMBS MOST COMMON
 - LINEAR
- FLAT TAN/BROWN MACULES/WARTS
- SURGICAL REMOVAL/COSMETIC





EPIDERMAL NEVUS

PRE- EXCISION



POST EXCISION



SOLAR PURPURA

- PURPLE ECCHYMOYSIS
- ON FOREARMS/LEGS
- OLDER PTS –TAKING ASA, WARFARIN, RIVAROXABAN, APIXABAN
- TX: REASSURANCE



PURPURA



BECKER'S NEVUS

- UNILATERAL TAN/BROWN MACULE
 - 50% HYPERTRICHOSIS
- SHOULDER OR UPPER BACK
 - ADOLESCENTS
 - MALE > FEMALES
 - TX: REASSURANCE



DYSPLASTIC NEVI

- ATYPICAL NEVI/CLARKS NEVI
- 5-12 MM, IRREGULAR BORDERS, INDISTINCT BORDERS
- MOST PREVALENT IN YOUNG ADULTS
 - NOT PREMELANOMAS
 - MELANOMAS= PAGETOID MELANOCYTOSIS WIDESPREAD PLUS CYTOLOGIC ATYPIA



DYSPLASTIC NEVI

- **CYTOLOGIC ATYPIA**
 - MILD
 - MODERATE
 - SEVERE
- **NOT PRE MELANOMAS**
- MILD AND MODERATE : NO NEED FOR EXCISIONS IF NO REPIGMENTATION

- SEVERE: EXCISION WITH 2-5 MM MARGINS

JAAD. 2023 JAN;88(1):13-20.

JAAD. 2023 JAN;88(1):1-10.

DR. BOLOGNIA



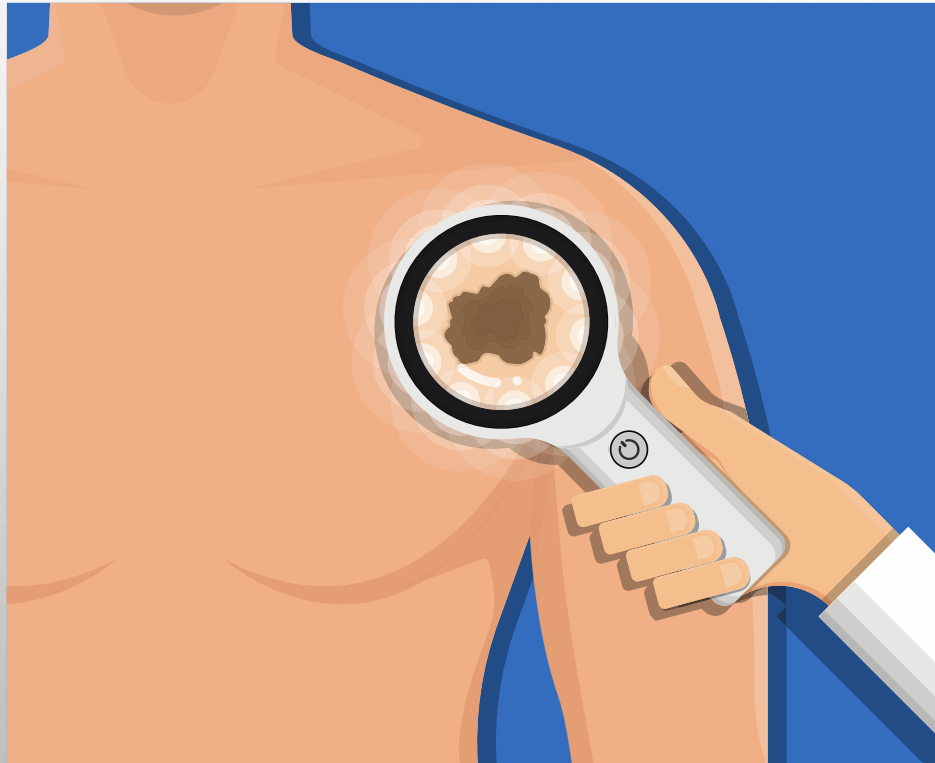
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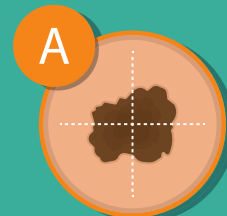
MELANOMA

- MOST FATAL SKIN CANCER: DOUBLED IN THE LAST 30 YEARS
 - APPROX 76,000 PER YEAR
- RISK DOUBLES IF A PATIENT HAS HAD 5 OR MORE SUNBURNS IN A LIFETIME
- MORE COMMON IN **MEN: 45,845** 31,845 IN WOMEN (2011-2016)
 - MOST COMMON SKIN CANCER IN CAUCASIAN WOMEN AGED 15-29
- BACK : MEN LEG: WOMEN
- TYPES: IN SITU, INVASIVE, AMELANOTIC

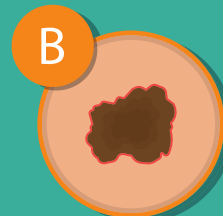
[HTTPS://WWW.CDC.GOV/CANCER/USCS/ABOUT/DATA-BRIEFS/NO9-MELANOMA-INCIDENCE-MORTALITY-UNITEDSTATES-2012-2016.HTM](https://www.cdc.gov/cancer/uscs/about/data-briefs/no9-melanoma-incidence-mortality-unitedstates-2012-2016.htm)



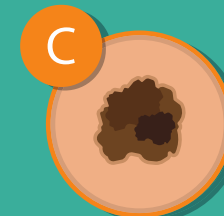
ABCDEs Of Skin Cancer



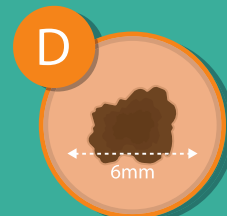
Asymmetry



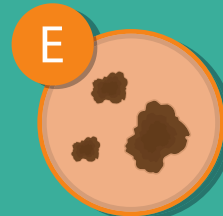
Border



Colour



Diameter



Evolving

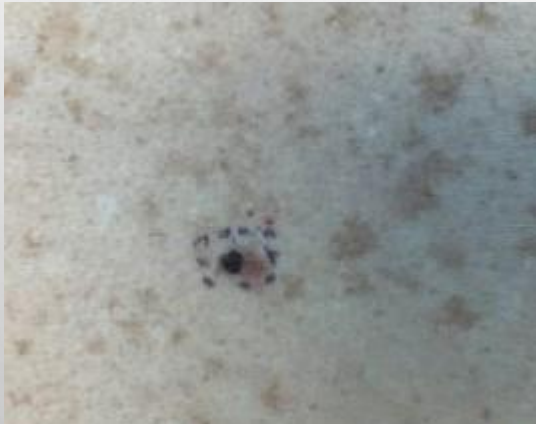
MELANOMA DETECTION

- A: ASYMMETRY
- B: BORDER - IRREGULAR
- C: COLOR - VARIATION
- D: DIAMETER – LARGER THEN PENCIL ERASER
- E: EVOLVING - CHANGING

MELANOMA STAGES

- STAGE 0: INSITU , ONLY INVOLVES TOP LAYER OF THE SKIN
- STAGE 1: ONLY IN THE SKIN, BUT TUMOR HAS GROWN THICKER
- STAGE 2: HAS GROWN THICK WITH BRESLOW THICKNESS 1.01 – 4.0 MM
 - SEND FOR LYMPH NODE IF BRESLOW 0.8MM THICKNESS
- STAGE 3: HAS GROWN BEYOND SKIN, ONE OR MORE LYMPH NODE +
- STAGE 4: HAS SPREAD TO ORGANS, EXAMPLE LUNG OR BRAIN

MELANOMA IN SITU



MELANOMA IN SITU



MELANOMA



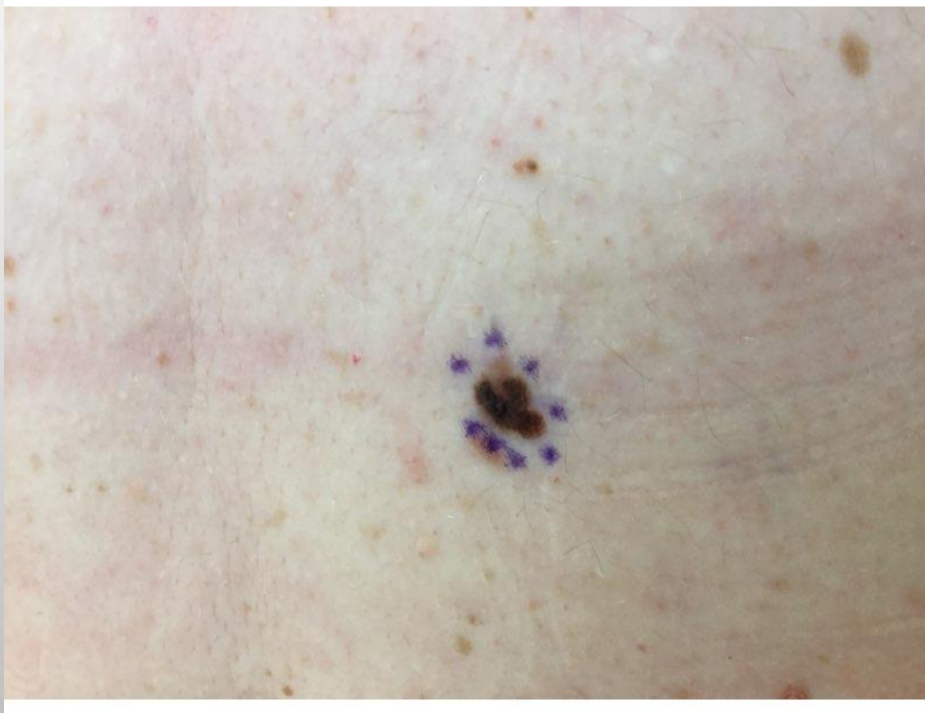
MELANOMA



MELANOMA



MELANOMA



MELANOMA



MELANOMA



MELANOMA INSITU TREATMENTS

- EXCISION WITH 0.5MM MARGINS
- SLOW MOHS
- SKIN CANCER SCREENING EVERY 6 MONTHS FOR ONE YEAR THAN ONCE A YEAR

MELANOMA TX

- BRESLOW THICKNESS $<0.8\text{MM}$
 - WIDE EXCISION DOWN TO MUSCLE WITH 1.0CM MARGINS
 - SKIN CANCER SCREENING EVERY 3 MONTHS FOR ONE YEAR, THEN EVERY 6 MONTHS FOR ONE YEAR, THEN ONCE A YEAR

- BRESLOW THICKNESS $>0.8\text{MM}$
 - WIDE EXCISION DOWN TO MUSCLE WITH 1.0CM MARGINS
 - SENTINEL LYMPH NODE BIOPSY
 - SKIN CANCER SCREENING EVERY 3 MONTHS FOR ONE YEAR, THEN EVERY 6 MONTHS FOR ONE YEAR, THEN ONCE A YEAR

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