

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

Ephelides (freckles)

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



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



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Benign Nevus

Junctional Nevus



Compound Nevus



Dermal Nevus



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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



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



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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



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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



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



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Dermatosis Papulosis Nigrigans

- 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



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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



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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

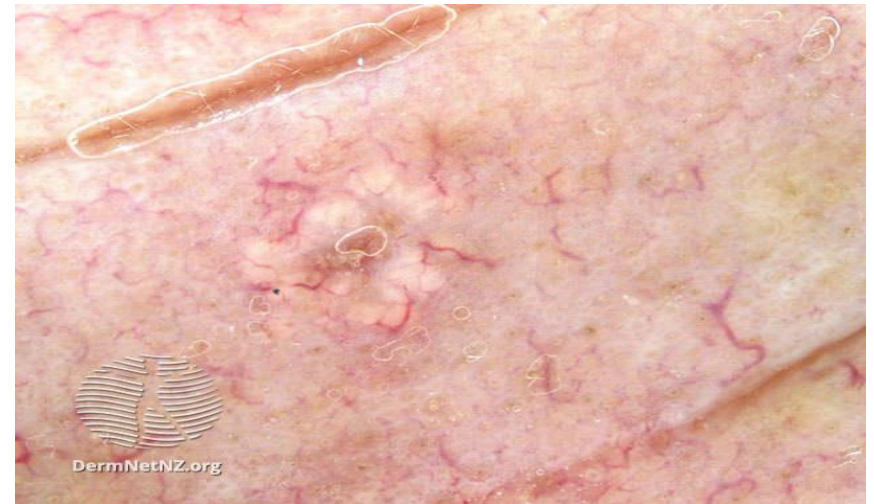


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Sebaceous Hyperplasia

- 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



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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



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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



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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



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



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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



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



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



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Prurigo Nodule (PN)

- Itchy, firm nodules with central excoriations and ulcerations
- Numerous nodules (20 –100 or more)
- Frequently symmetrical, only in areas patient can reach
- Itch mediated by IL-31

Treatment

- Emollients, topical and intralesional steroids
- Dupilimab, Nemolizimab



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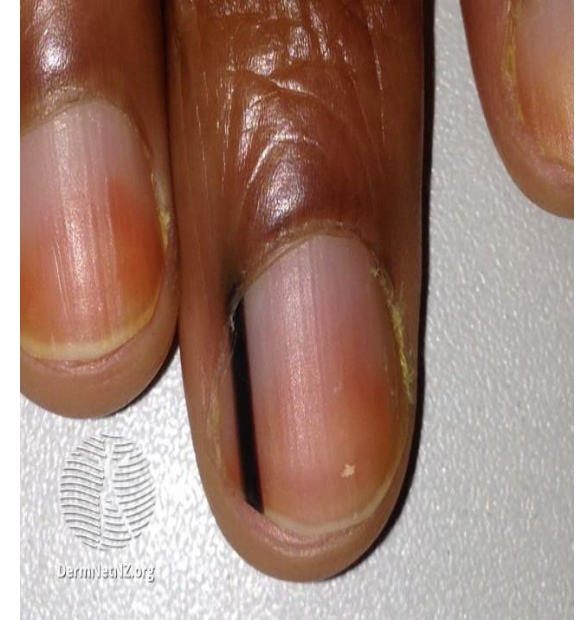
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Pearls

- 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



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