Crusting Scaling Lesions

Might it be sinister ?

Feb 2019

Agenda for today

- Seborrheic keratosis
- Actinic keratosis
- sBCC
- Keratoacanthoma
- SCC
- Cutaneous horn
- Chondrodermatitis
- Viral lesions
- Bowen's disease
- BCC
- Malignant melanoma

<u>Referring on</u>

- 2 week Rule
- Routine secondary care
- Primary care management

Taking a lesion history is so important

Ask about :

- Life long UV exposure history
- Sunburn as child
- Periods lived/worked abroad
- Outdoor jobs/hobbies
- Sunbed
- Use of sun protection
- Skin type
- Family history of MM
- When lesion first appeared
- Rate of grow in last few weeks / months
- Symptoms, pain, bleeding
- Colour change – over what time period

Quiz

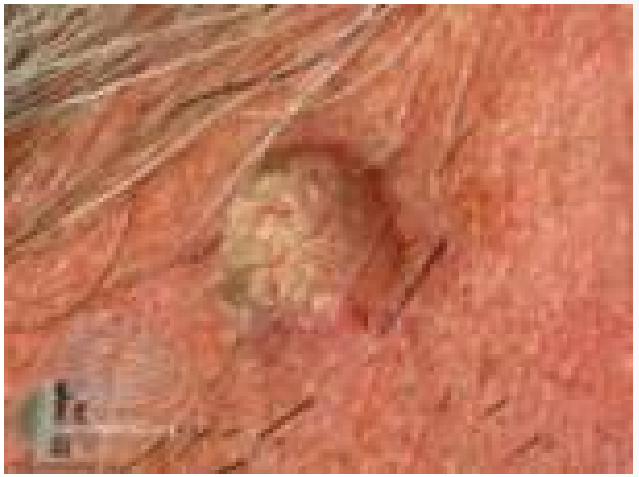
Ask us the right questions

The history will lead to the diagnosis

and the action you should take!

1 History…

"It's been growing slowly, I don't remember when it appeared. It's always itchy and bleeds when I catch with my comb".



What questions would you like to ask?

What is your diagnosis?

A Nodular BCC

B Sebaceous keratosis

C Lichenoid keratosis

D Keratoacanthoma

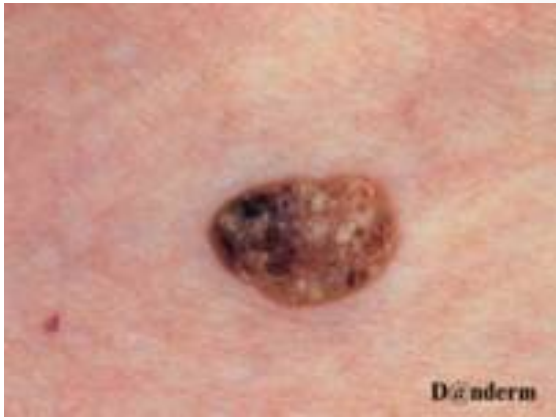
1. What action would you take?

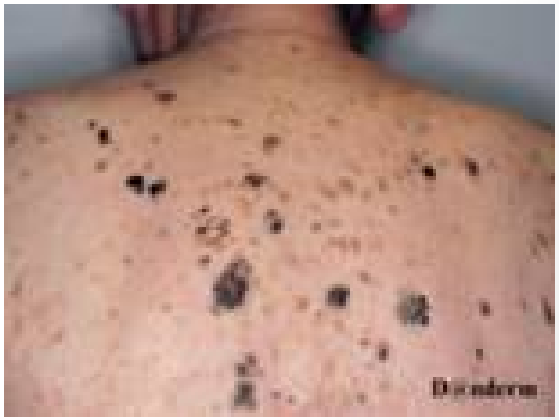
- A Do nothing, reassure the patient
- B 2 week Rule referral
- C Refer to GP enhanced minor surgery for excision
- D Non urgent referral to dermatology

More than one answer may be correct

1. Seborrhoeic Keratoses

- Extremely common, usually multiple
- Increased incidence with age
- Sites – chest, back, face
- Skin coloured to black
- “Stuck-on” appearance – crumbly, greasy
- Comedonal milia like surface
- Cerebriform architecture





- Ignore them
- Cryotherapy
- Shave excision
  - in primary care, if irritated/ infection risk
- Moisturise
- Topical steroid for irritation

❖ Don’t send to dermatology (40% of 2WR!!)

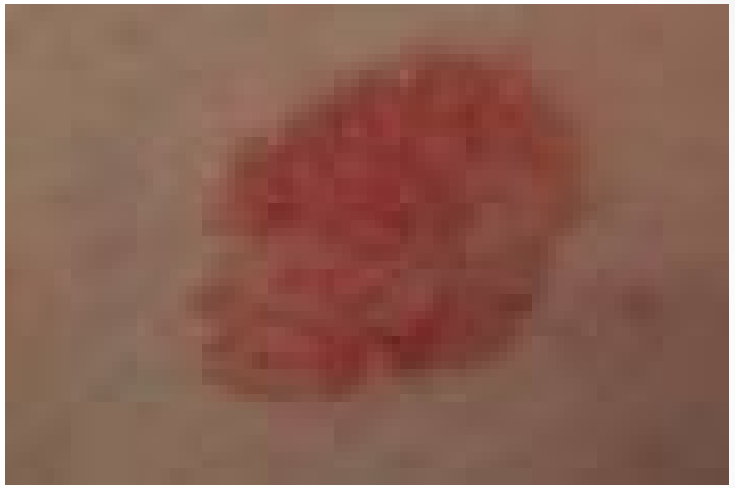
2 History...

“I didn’t know it was there. My daughter saw it and just said get it checked out”.

Are there any questions you would like to ask?

What is the diagnosis?

- A - Fungal infection
- B – Discoid eczema
- C – Bowen’s disease
- D – Basal cell carcinoma



More than one answer may be correct

2. What action would you take with this asymptomatic lesion?

- A Do nothing, reassure the patient
- B 2 week Rule referral
- C Refer to GP enhanced minor surgery for excision
- D Non-urgent referral to dermatology

2. sBCC treatment

- Ensure the correct diagnosis- biopsy first
- Aldara(imiquimod), 5 nights a week for 6 weeks
- Cryotherapy
- Review 6-8 weeks after treatment stopped
- Nice - MDT to treat cancerous lesions
- Surgical excision may be considered if treatment fails

3 History....

"They are all over my chest area and bleed when I shave"

Would you like to ask any questions?

What's your diagnosis?

- A Pyogenic granuloma
- B Multiple BCC
- C Sebaceous gland hyperplasia
- D Molluscum contagiosum

More than one answer may be correct

3. What action would you take ?

- A Do nothing, reassure the patient
- B Treat with cryotherapy
- C Refer to GP enhanced minor surgery for excision
- D Non-urgent referral to dermatology

More than one answer may be correct

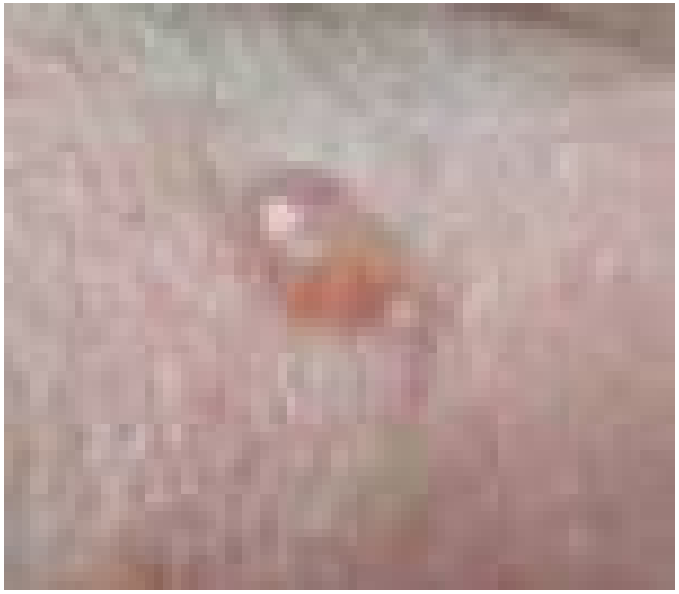
3. Molluscum Contagiosum

- Self limiting in healthy individuals.
- Consider HIV test ?

- MolluDab/Mollutrex
  - contains 5% potassium hydroxide bd 4-6 days
  - Can be bought OTC at pharmacy
- Crystacide cream
  - Hydrogen peroxide 1%
- Liquid nitrogen

Do not refer on to secondary care unless immunocompromised

4 History



"I thought it was a spot at first when it just appeared about 10 months ago".

Would you like to ask any questions?

What's your diagnosis?

- A Dermatofibroma
- B Nodular BCC
- C Sebaceous cyst
- D Keloid scar

More than one answer may be correct

4. What action would you take ?

- A Routine referral to dermatology
- B Urgent referral to dermatology
- C Referral for excision in GP minor surgery service
- D Measure and review in 3 months

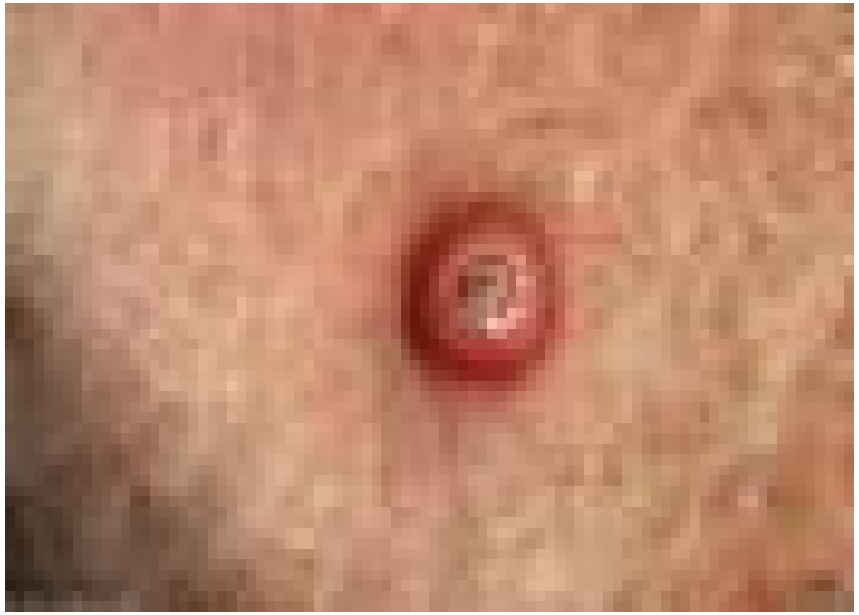
More than one answer may be correct

4. Treatment of BCC

- Surgical excision
  - with 3-4 mm margins
  - Dermatology or plastics?

- Moh's surgery
  - Whiston,
  - Radiotherapy-large lesion and/or difficult areas
  - Don't get histology with radio therapy- clear margins ?

5 History



"It just appeared Doc!"

A fast growing lesion. Which diagnosis is most likely?

- A Nodulocystic BCC
- B Advanced hypertrophic actinic keratosis
- C Keratoacanthoma
- D SCC

More than one answer may be correct

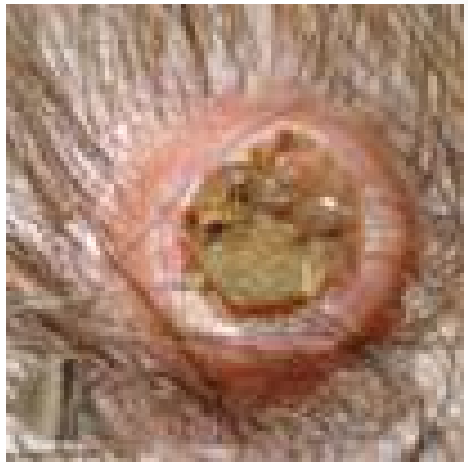
5. What action would you take?

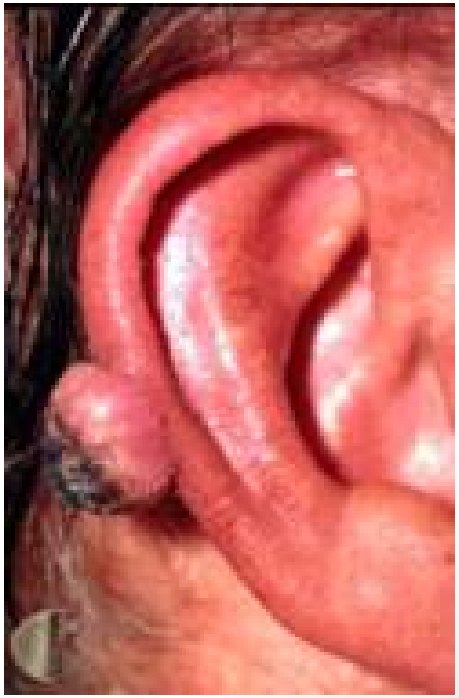
- A Excision in primary care
- B 2 week rule referral
- C Observe - refer if the lesion continues to grow
- D Routine referral to dermatology

5. Keratoacanthoma

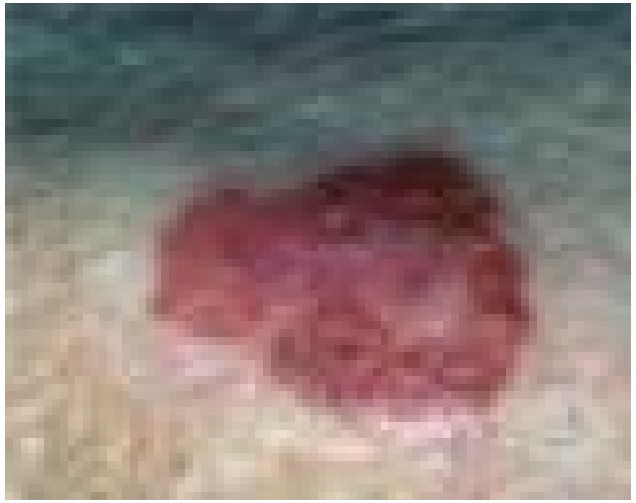
- Best regarded as self-healing SCC
- Linked to sun exposure
- M >>F
- Arise from hair follicle cells
- Rapid growth
- Domed lesion
- Static phase
- Resolution with puckered scar

❖Always treat as SCC with 2wk rule referral





6 History...



"It can be itchy, but it's been there for years Betnovate has fixed all the other lesions".

Would you like to ask any questions?

What is the diagnosis?

- A Psoriasis
- B Bowen's Disease
- C Actinic keratosis
- D Mycosis fungoides

6. What would you do ?

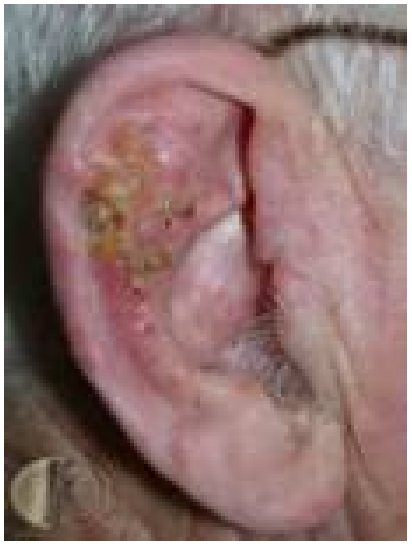
- A Excision/ treat in primary care
- B 2 week rule referral
- C Observe - refer only if the lesion continues to grow
- D Routine referral to dermatology

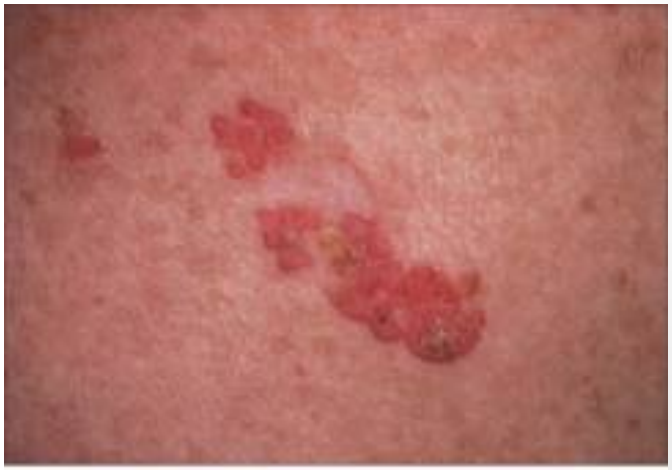
6. Bowen's Disease

- Intraepidermal SCC
- 5% progression
- Sun exposed areas
- Most common
  - Lower legs
  - Females>males
- Features
  - Scaly, irregular
  - Erythematous, flat
  - May look like psoriasis/eczema
  - Beware recurrence – and other non melanoma skin cancers

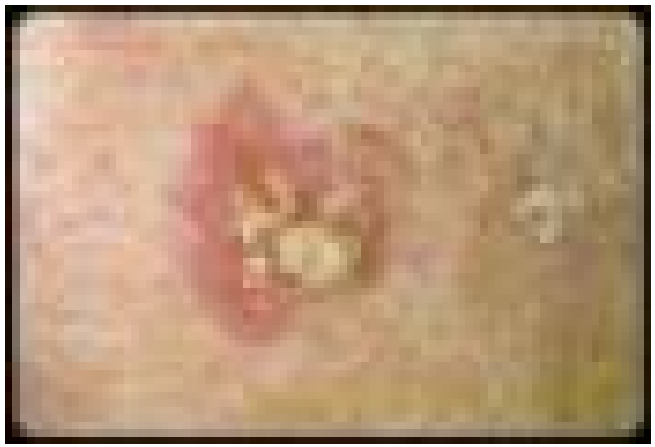
- Treatments – <u>after</u> confirmatory biopsy
  - Cryotherapy
  - C&C
  - Efudix

Referral to secondary care if above failed - ?PDT





7 History....



" It's scaly on my scalp and sometimes itchy. I can scratch if off, and I think it's gone but it always grows back".

What would you like to ask?

Where else would you like to look?

What is the diagnosis?

- A – Bowens Disease
- B – Psoriasis
- C – Superficially spreading BCC
- D – Actinic keratosis

More than one answer may be correct

7. What action should you take?

- A Referral to derm if the lesions bleed
- B Referral to derm for treatment
- C Treatment in primary care
- D Referral to derm as biopsy required

7. Actinic Keratosis – the treatment options

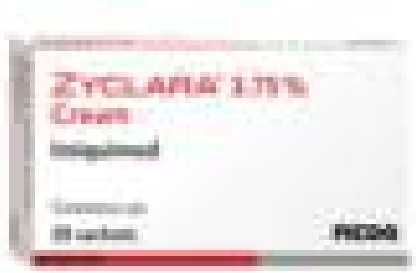
Lesion directed - Primary care

- Cryotherapy
- Actikerall (salic acid & 5FU)

Field clearance - primary care

- “Solaraze” Diclofenac
- “Efudix” 5FU
- “Picato” Ingenol
- “Zyclara” Imiquimod

❖ Derm referral if treatment not effective/suddenly worsens



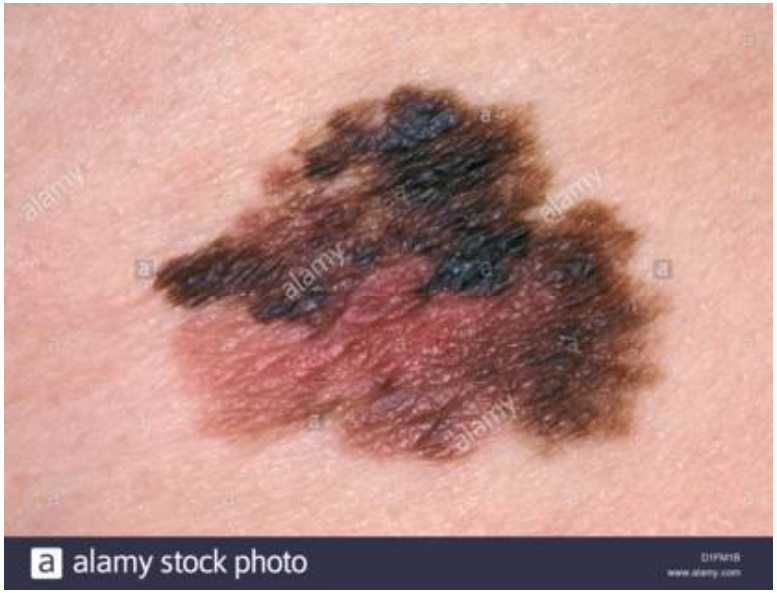
8 A chance noticing…

What is this lesion? There is no history given, you just notice this 5 mm lesion when completing an examination.

What questions you would like to ask?

What is your diagnosis?

- A Malignant melanoma
- B Melanotic seborrhoeic keratosis
- C Pigmented **BCC**
- D None of the above



8. What action will you take?

- A Measure and observe as no symptoms reported
- B Remove in primary care
- C Routine referral to derm
- D Urgent referral to derm

More than one answer may be correct

Melanomas can look like....

- BCC
- SCC
- Seborrhoeic keratosis
- Dermatofibroma
- Bowen's disease
- Pyogenic granuloma

Always judge a mole by the company it keeps – *Ugly Duckling sign!*

Chaotic lesions

The history is very important

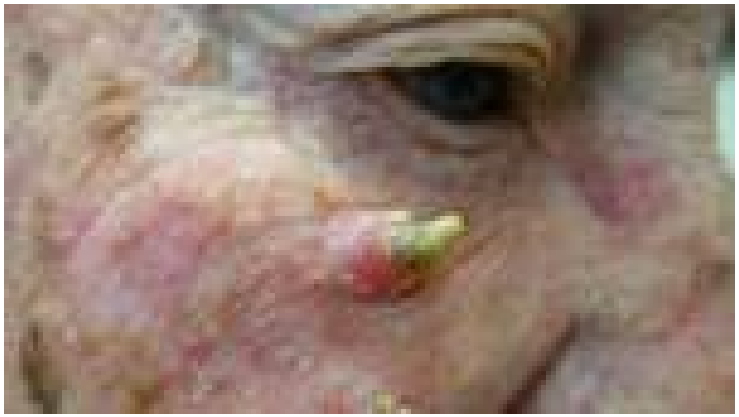
9. History..

"Its growing like a claw out of my cheek. It keeps catching on everything. It has fallen off once or twice then grows back quickly. I clip it off with nail scissors…."

What question do you want to ask?

What's the diagnosis?

Pic



A Hyperkeratotic actinic keratosis

B Dysplastic keracanthoma

C Squamous cell carcinoma

D Bowenoid actinic keratosis

More than one answer may be correct

9. What would you do?

- A 2 week rule referral
- B Shave excision in primary care
- C Excision in primary care
- D Cryotherapy

9. Cutaneous horn

- Compacted keratin
- Can arise from benign, pre malignant or malignant lesions
- Common in 60-70yrs
- Base can be flat, woody crater like
- Usually singular, and on sun exposed areas
- Worrying features
  - Pain
  - Indurated erythematous base
  - Fast regrowth
- Clinical diagnosis- histology to gain accurate diagnosis
- Excision if malignant

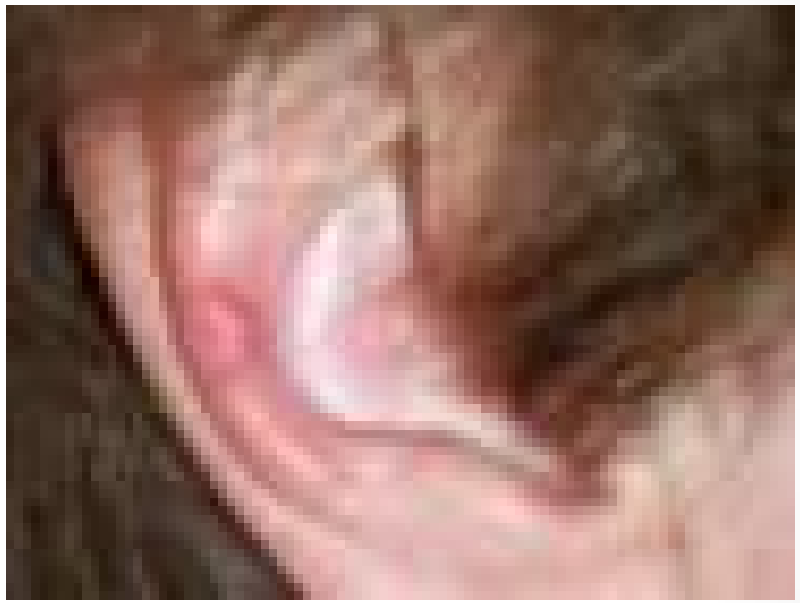
10

“ It’s so painful when I touch the area. I can’t even sleep on that side any more. It feels all hard and crusty”

What would you like to ask?

What’s the diagnosis?

A Squamous cell carcinoma
B Basal Cell carcinoma
C Chondrodermatitis nodularis
D Proliferative actinic keratosis



More than one answer may be correct

10. What action do you need to take?

- A Referral to secondary care- urgent
- B Treat with potent steroid
- C Referral to secondary care - routine
- D Do nothing, BUT advise pressure relief

10 Chondrodermatitis nodularis

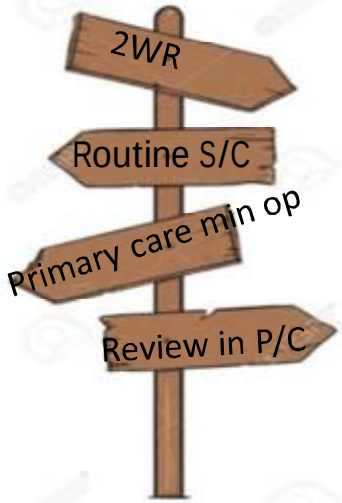
- Repeated pressure and compromised blood supply to the ear
- Exposure to cold and sun
- Trauma from headphones, mobile devices or hearing aids

- Solitary, firm, and oval-shaped nodule, 4–6 mm in diameter, with central crust and surrounding erythema.
- Inflammation of the cartilage
- “Exquisitely tender!”

- Treatments include..
  - Pressure relief
  - Cryotherapy
  - Topical / intralesional steroid
  - Surgery

History of the lesion : identify your action

- Location – sun exposed site?
- Length of time present
- Change in size, colour, appearance
- Pain/tender to touch
- Bleeding – spontaneous/minor trauma
- Growing and becoming tender



Refer on if

- Fast growing – 2 week rule
- BCC secondary care
- Not worried but ?diagnosis- routine secondary care
- Seborrheic warts – DO NOT REFER TO SECONDARY CARE