Chapter 13: Benign skin tumours
13.1 Epidermal tumours

Seborrhoeic keratosis / wart

Excrences of varying size, covered with a greasy, scaly keratotic layer which is not very adherent. They can have various colours: yellow, sepia, grey, dark brown, or pure black. Each lesion seems to be "placed" on the skin surface, is well-circumscribed, has no underlying infiltration.
Seborrhoeic keratosis / wart

Basic Lesions: Warts; Keratoses

Causes: None specific
Verrucous epidermal naevus

The epidermal naevus appears in the form of raised papuloverrucous lesions, rough to the touch and sometimes fragmented. It is usually disposed in continuous linear bands following the Blaschko's classical lines, to be interrupted over the midline.
Verrucous epidermal naevus

The colour is that of normal skin, sometimes greyish or brownish.
Inflammatory linear verrucous epidermal naevus (ILVEN)

ILVEN appears in the form of psoriatic, scaly erythematous patches, which are sometimes lichenoid or verrucous, disposed in linear bands following Blaschko’s lines (like the lesions of verrucous epidermal naevus).
Basic Lesions: Erythematous Macule; Warts; Pustules; Scales; Gangrene

Causes: None specific

Inflammatory linear verrucous epidermal naevus (ILVEN)

Inflammatory episodes can occur, causing exacerbation of pruritus, more or less severe excoriations, secondary eczematization, and even areas of necrosis.
Becker's naevus (pigmented and hairy epidermal naevus)

Hyperpigmented unilateral plaque, the preferred site of which is the chest or the shoulder, sometimes covered in hairs. It appears most often in young adults after exposure to the sun. It corresponds to a late epithelial (epidermal and follicular) naevus with secondary epidermal melanin hyperpigmentation.
Clear cell acanthoma

Small, round and domed firm tumour, which is generally isolated, pink in colour, usually with a moist surface. The diagnosis of this lesion is essentially histopathological.
Kerato-acanthoma

Very well defined nodule surmounted by a central horny plug. Its growth is rapid, the maximum size of the lesion being reached in a few weeks. The lesion usually regresses spontaneously in a few months.
Spectacle frame acanthoma (fissured acanthoma)

Well-circumscribed, slightly pink retro-auricular papulonodule, 1–2 cm in diameter, surrounded by an inflammatory halo. The lesion is divided in two by a groove (fold).
Spectacle frame acanthoma (fissured acanthoma)  continued

Acanthoma occurs in the weeks or months after the patient starts wearing a new spectacle frame.

Basic Lesions:  Nodules; Fissures

Causes:  Mechanical Factors
13.2 Follicular and sebaceous tumours

Epidermoid cyst

Inflammatory subcutaneous nodule, often with a punctiform opening at its centre, through which malodorous whitish or yellowish material can be expressed. It is a single or multiple lesion which occurs especially in seborrhoeic areas, within the context of acne vulgaris or nodulocystic acne. Epidermoid cysts are sometimes wrongly called "sebaceous cysts".

Basic Lesions: Nodules

Causes: None specific
Trichilemmal cyst (pilar cyst)

Generally located on the scalp, it appears in the form of a subcutaneous nodule covered with non-adherent pink and glabrous skin. The cysts are sometimes multiple. They range from pea-size to egg-size and are colloquially known as wens.
Milia

Milia are very superficial small white elevations which occur in various circumstances. In newborn babies they appear as innumerable small white dots on the face, as illustrated in the photograph, caused by transient retention of sebum. They disappear spontaneously in a few weeks. In adolescents and adults they are commonly seen on the cheeks, the eyelids, and the nose, and are due to clogging of follicles.
Trichoepithelioma

Translucent, flattened or globular papular formations, 2 to 5 mm in diameter, pink or white in colour and sometimes surmounted by fine telangiectasias. Their preferred site is the face (nose, nasolabial folds, cheeks, forehead, chin). These are generally multiple and hereditary lesions, appearing from childhood or in adolescence.
Basic Lesions: Dermal Papules

Causes: Sunlight, Ultraviolet Radiation

Senile sebaceous adenoma

These adenomas correspond to senile adenomatous hyperplasia of the sebaceous glands.
Senile sebaceous adenoma

Small yellowish umbilicate formations, 3 to 6 mm in diameter, occurring on seborrhoeic areas of the face (forehead, temples, cheeks) in both sexes after the age of fifty.
Jadassohn's sebaceous naevus

This is a tumour on the scalp or the face, which is often congenital. Its appearance changes with age. During childhood there is an oval or pink and slightly raised alopecic plaque. Starting from puberty the surface becomes mamillated and warty, and assumes the characteristic orange-yellow colour. In adulthood it can, in exceptional cases, give rise to a basal-cell carcinoma.

Basic Lesions: Nodules

Causes: None specific
13.3 Sweat gland tumours

Syringoma

Small, always multiple lesions measuring 1 to 3 mm in diameter and forming smooth, flesh-coloured papules generally occurring on the face (especially the eyelids), chest, neck, and axillae.
**Eccrine poroma**

Solitary benign congestive tumour bleeding in pinpoint haemorrhages, the wide base of which is encircled by a keratin collar. Its preferred site is the area of the sole around the heel.
Eccrine poroma

In differential diagnostics it must be distinguished from pyogenic granuloma and achromic malignant melanoma.
Cylindroma

Multiple benign tumours, often familiar, appearing on the scalp, which becomes mamillated and embossed (turban-like tumours). The surface of these tumours is smooth, glabrous, normal or pink in colour, with telangiectasias. There is no adherence to deep layers.
Dermatofibroma

Nodular intradermal tumour 5 to 6 mm in diameter, firm to the touch, generally located on the legs. Its surface is pigmented to varying degree and often slightly keratotic. A dermatofibroma can sometimes be caused by an insect bite.
**Dermatofibroma**  
continued

An unusual variant is the pastille-like fibroma, a pink shiny nodule with a smooth surface surrounded by a very fine scaly collarette separated from the tumour by a groove.

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**Basic Lesions:**  
Nodules

**Causes:**  
Mechanical Factors
Acquired digital fibrokeratoma

Small tumour situated on the fingers or toes, more rarely on the palms and soles. Like the pastille fibroma, it is a solitary domed lesion, sometimes elongated and pedunculate, surrounded by a fine demarcating border. The surface is slightly warty. It is perhaps caused by a trauma.
Kinoid

Red and taut fibrous tumour with a smooth surface, slightly dented and sometimes surrounded by pseudopodia-like extensions called crab legs. They are very often itchy, painful, or tender. Post-traumatic keloids secondary to wounds, burns, vaccinations, or inflammatory skin lesions (such as adolescent acne) are distinguished from spontaneous keloids, which are more common in black people.

Basic Lesions: Scars

Causes: Mechanical Factors
Skin tag (acrochordon, molluscum pendulum)

Small and very soft fleshy mass, on average 3 to 5 mm in diameter, implanted in the skin by a thin stalk. These lesions are often multiple and their preferred sites are the axillae or inguinal flexures, the neck, the eyelids, and the orbital area.
Juvenile xanthogranuloma

Single or multiple papulonodular yellow, orange or brown lesion of soft consistency, usually appearing on the face, scalp, trunk, and the base of the limbs. It occurs most frequently in neonates and infants, but can also be seen in children and even in adults.

Basic Lesions: Nodules

Causes: None specific
Tuberous xanthoma

Small hemispherical papules, from a few millimetres to a centimetre in diameter, pink or orange in colour, sometimes very yellow on vitropression. The preferred sites are the elbows, knees, and buttocks.
Tuberous xanthoma 

A rare variant (eruptive xanthoma) is found in cases of severe hypertriglyceridaemia.
Xanthelasma palpebrarum

Flattened and clearly delimited yellowish or orange plaques around the eyes. This is one of the variants of xanthoma planum.
**Lipoma**

Single or multiple benign tumours the colour of normal skin, which develop from subcutaneous fat. They are soft in consistency and they can attain a large size.

**Basic Lesions:** Nodules

**Causes:** None specific
Leiomyoma

Benign tumours originating from the smooth muscles connected with hair follicles, genitals, nipples, or blood vessels. Leiomyomas are single or multiple, contractile, nodular tumours, which are red, pink, or brownish in colour.
Cutaneous mastocytosis

The term mastocytosis covers all lesions caused by the proliferation of mast cells in skin.

_Urticaria pigmentosa_

This is the most common form, encountered in all age groups. It produces a fairly monomorphic eruption of smooth violet or brown itchy macules or maculopapules. The reactivity of the lesions to certain stimuli, such as rubbing, is very characteristic (Darier's sign).

Basic Lesions: Erythematous Macule; Pigmented Macules; Dermal Papules

Causes: None specific
Cutaneous mastocytosis

Mastocytoma

Single firm tumour, orange in colour, occurring only in children.

Basic Lesions: Erythematous Macule; Pigmented Macules; Dermal Papules

Causes: None specific
Basic Lesions:

Neural crest diseases

Neurofibroma

Nodules which are of normal skin colour or pink. Their firmness can vary. Their essential characteristic is that they are readily depressible.
Neural crest diseases (continued)

Von Recklinghausen neurofibromatosis

This is the most common form of systemic neural crest disease. It is essentially characterized by the combination of café au lait spots, "freckling", and cutaneous neurofibromas.
Neural crest diseases  
*continued*

*Von Recklinghausen neurofibromatosis*

The "principal tumour" is a neurofibroma which is very large in relation to all those surrounding it. This hereditary condition is transmitted by an autosomal dominant gene with high penetrance and variable expression.

Basic Lesions: Pigmented Macules; Nodules

Causes: None specific
Neural crest diseases  continued

Bourneville's tuberous sclerosis (epiloia)

Tuberous sclerosis is a condition with autosomal dominant transmission, characterized by various isolated or associated clinical signs and symptoms.

a. Angiofibroma

Small, firm, pink or red tumid nodules covered in fine telangiectases and distributed symmetrically over the face: nasolabial folds, cheeks, perioral region.
Neural crest diseases continued

b. Periungual fibromas (Koënen's tumours)

Very rare horny angiofibromas of the toes.
Neural crest diseases  

**c. Shagreen patch**

Raised patch with an irregular outline and surface, covered with pale "orange-skin". Its preferred site is the lumbosacral region.

**d. Achromic patches**

Fairly regular macules 1 to 10 cm in diameter, oval, rounded, or more characteristically in the shape of an ash leaf. They are white and do not have a hyperaemic or pigmented halo.

Basic Lesions: None specific

Causes: None specific
Angioma

Spider telangiectasis

Vascular star, composed of a red central point, sometimes raised and pulsatile, and arborizations radiating outwards. The arborizations disappear on vitropression.

Basic Lesions: Vascular Macule

Causes: None specific
Basen skin tumours  Connective tissue tumours

Basic Lesions: Vascular Macule

Causes: None specific

Angioma

Hereditary haemorrhagic telangiectasia (Osler-Rendu-Weber disease)

Autosomal dominant disease, characterized by telangiectases of the skin and mucous membranes, often not appearing until after puberty. The telangiectatic macules are poorly defined and the arborizations, in contrast to spider telangiectasis, are not symmetrical. They occur predominantly on the face, hands, buccal mucosa, the lips, and the tongue.
Angioma

Angioma planum

Congenital erythematous macule of varying intensity, extent, and shape. The colour varies from pale pink to dark red. Its preferred site is the face and the limbs, but it can spread to the mucosa. From the fourth decade of life the angioma thickens and superficial violet nodules can appear.
Angioma

*Tuberous angioma*

Bright red, distinctly demarcated, raised angioma in infants, projecting above the surrounding normal skin. Its growth is rapid, and it can bleed and ulcerate. Most of these angiomas disappear spontaneously in childhood, leaving no trace.
Angioma

Subcutaneous angioma

Tumour protruding under skin which is either normal, bluish, or telangiectatic. This lesion does not undergo spontaneous involution.
Angioma

Angiokeratoma

Papular telangiectasia with a hyperkeratotic surface. Angiokeratomas of the scrotum and vulva are the most common. They are usually benign. Nevertheless, if they have disseminated over the buttocks, one must investigate for Fabry's disease.
**Angioma**

**Glomus tumour**

Small, bluish intradermal tumour, remarkable for its painfulness. Its site is most likely to be peripheral, on the hands and feet, more rarely on the forearms and buttocks. A common and characteristic site is the subungual region.

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**Basic Lesions:**

- Nodules

**Causes:**

- None specific
Angioma
Glomus tumour

Basic Lesions: Nodules

Causes: None specific
Angioma

*Pyogenic granuloma*

Fleshy vascular pimple secondary to minimal or unnoticed trauma. Its eroded surface bleeds easily. Pyogenic granuloma may be "nipped" at its base by a characteristic groove which separates it from neighbouring skin.

Basic Lesions: Nodules

Causes: Mechanical Factors
Angioma continued

**Senile angioma (cherry angioma)**

Small bright red patches, flat or slightly tumid. Extremely common in old people, usually multiple and found on the trunk (A). In many cases they coexist with seborrhoeic warts (keratoses) (B).
Lymphangioma

Pseudovesicular elevations 1 to 5 mm in diameter, arranged in clusters or irregular plaques, translucent and taut but readily depressible. The lesions can occur anywhere on the body, but are more commonly found on the trunk and the base of the limbs. Lymphangioma (A) is very often found concomitantly with hemangionma (B).
Chondrodermatitis nodularis helicis

(painful nodule in the ear)

Inflammatory nodule of the helix, which is painful or tender. Its centre is keratotic or crater-like. It is nowadays regarded as a chondrodermatitis, but its aetiology has not been clarified.
Mucoid pseudocyst

Small, firm, flesh-coloured translucent nodule, occurring on the backs of the fingers near the distal interphalangeal joints and often causing a characteristic nail deformation with longitudinal grooves. It is the result of the accumulation of a mucoid substance in the dermis.
13.5 Melanocytic naevi

**Lentigo**

Small (1 to 3 mm) brown or black hyperpigmented macules which can be distributed all over the skin and/or mucous membranes. Lentigines are often isolated. Sometimes they are generalized (lentiginosis) and form part of complex syndromes involving several internal organs. They represent epidermal hypermelanocytosis.
Mongolian spot

Bluish grey macules varying in size from a few millimetres to tens of centimetres and occurring most frequently on the loins and buttocks. They are especially common in Orientals. These spots represent dermal hypermelanocytosis.
Melanocytic naevi (naevocytic naevi)

Melanocytic naevi are well-circumscribed lesions which show a wide variety of colour, shape, thickness, consistency, and size, their diameter ranging from a few millimetres to a few centimetres.
Melanocytic naevi (naevocytic naevi) *continued*

They can be flat or raised, lenticular or discoid, and vary in colour from pale yellow to black-brown. The domed forms may be without pigmentation.

Basic Lesions: Pigmented Macules; Dermo-epidermal Papules; Nodules

Causes: None specific
Hairy melanocytic naevus

Some melanocytic naevi become covered in hairs at puberty.

Basic Lesions: Pigmented Macules; Dermoeipidermal Papules; Nodules

Causes: None specific
**Congenital pigmented naevus**

Congenital pigmented naevi vary in size. Some are called giant because of their wide spread. They have an inhomogeneous surface (flat, papular, nodular, verrucous) and are most often variegated in colour, which ranges from light brown to black. They are often covered with thick hairs.
Spitz naevus (juvenile)

Isolated pinkish papulonodular tumour, frequently located on the face or the limbs. The histopathological appearance of this melanocytic naevus is very characteristic. In fairly exceptional cases there may be multiple Spitz naevi.

Basic Lesions: Nodules

Causes: None specific
Blue naevus

Small nodule, often less than a centimetre in diameter, blue-grey to black-blue in colour and situated especially frequently on the back of the hands and the feet, sometimes on the face. Its colour is caused by the deep dermal site of the melanocytic clusters.
Halo naevus (Sutton's naevus)

Sutton's naevus is a melanocytic naevus surrounded by a depigmented corona. In the course of its natural development the naevus component gradually disappears and the white halo undergoes gradual repigmentation. This feature of its course is probably autoimmune.
Halo naevus (Sutton's naevus)

Basic Lesions: Pigmented Macules; Achromic macules

Causes: None specific
Naevus of the nails

Presence of a more or less dark brown longitudinal band in the nail plate (melanonychia), clinical evidence of the existence of a melanocytic naevus in the matrix region.