

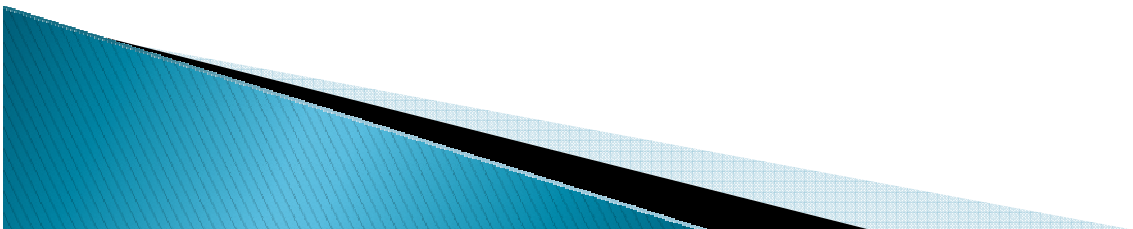
Managing skin lesions in Primary Care

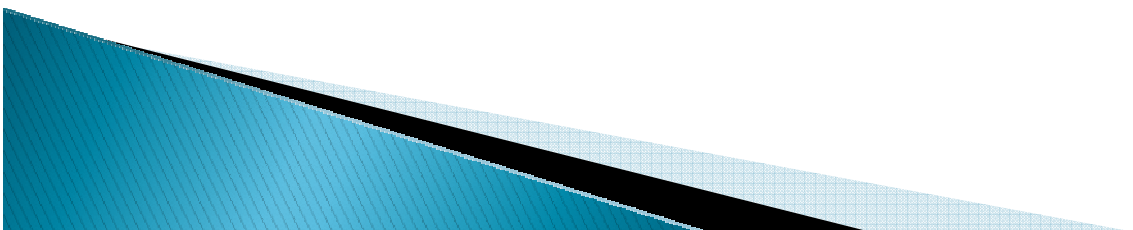
Thomas F Poyner
FRCP (London & Glasgow) FRCGP

Dear Dr,

This 12 year old lad has developed a warty lesion on his nose. He has tried various wart remedies without success. He is now getting teased at school and his mother requested he is treated quickly. Please see and do the necessary.

Kind regards.





the lesion is?

1. actinic keratosis
2. Cutaneous horn
3. viral wart



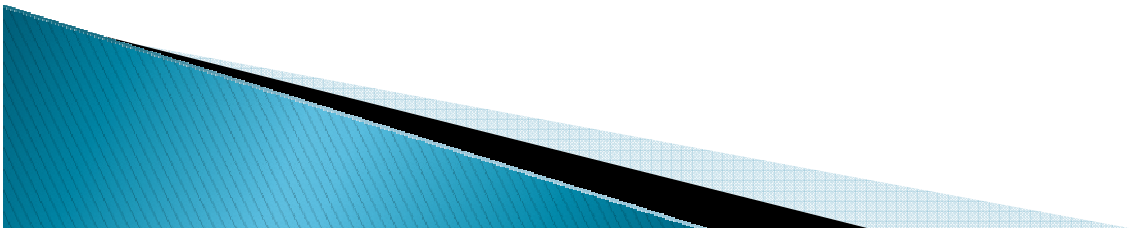
how would you treat this lesion?

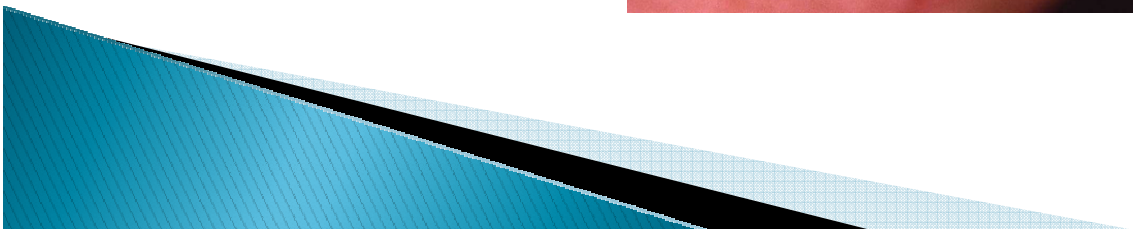
1. active waiting
2. cryotherapy
3. topical therapy



Dear Dr

Please would you see this 27 year old medical secretary. She has developed some scaly lesions on the back of her left hand. They are increasing in number and she finds them unsightly. I thought they were warts, and suggested she got a remedy from her local pharmacy. However she visited the pharmacy and was advised she needed to see a dermatologist. Please see and advise.





these lesions are?

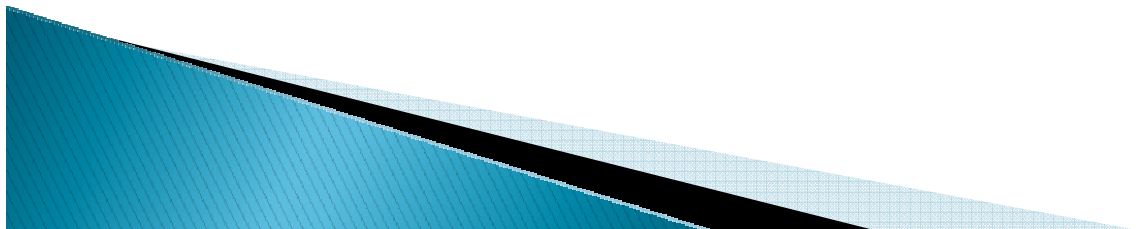
1. common warts
2. filiform warts
3. mosaic warts
4. plane warts



Dear Dermatologist.

Samantha is 10 years old. She has moderate atopic eczema and asthma. Recently she has also developed some warty lesions on her chest. The lesions are causing embarrassment and Samantha's mother is blaming the topical steroids. Please would you advise.

Regards





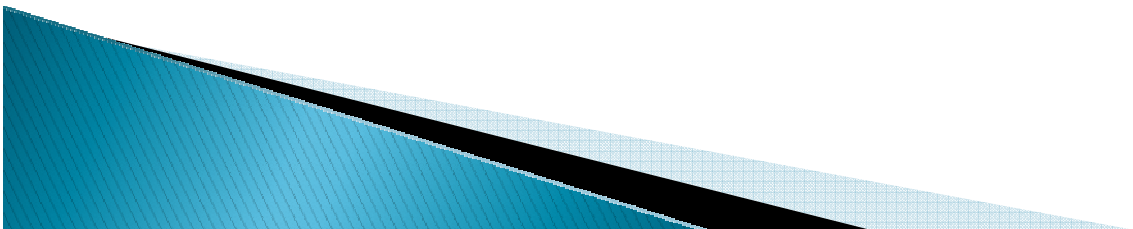
these lesions are?



- 1. cellular naevi
- 2. milia
- 3. molluscum contagiosum
- 4. viral warts

molluscum contagiosum

- ▶ children & adults
- ▶ viral
- ▶ swimming pools
- ▶ atopic eczema
- ▶ HIV

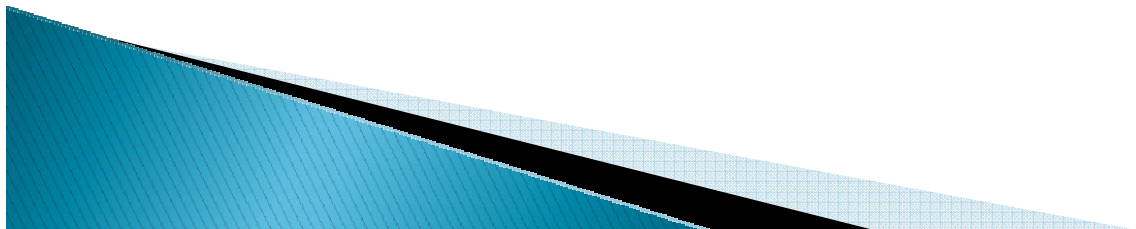


treatment of molluscum in the UK?

1. cantharidine
2. cryotherapy
3. hydrogen peroxide
4. phenol
5. salicylic acid



Dear John,
Please could you see George. He is a keen chrysanthemum grower. Recently when at the Harrogate flower show he went into the sun awareness caravan at the behest of his wife! He has a scaly lesion on his forehead and was advised by a specialist nurse to see his GP, in case this was a skin cancer!





The lesion is ?

1. actinic keratosis
2. Bowen's disease
3. squamous cell carcinoma



actinic keratosis

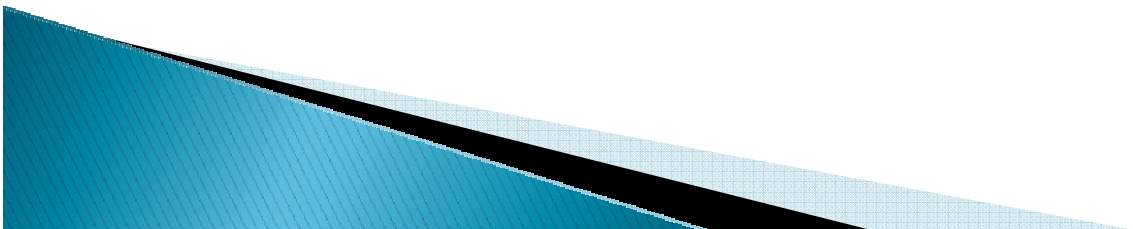


actinic keratoses (solar keratoses)

- ▶ small scaly red lesions
- ▶ sun exposed sites
- ▶ low risk of malignant change

Beware –

- lip
- bleeding indurated or ulcerated lesions
- painful lesion and a large lesion

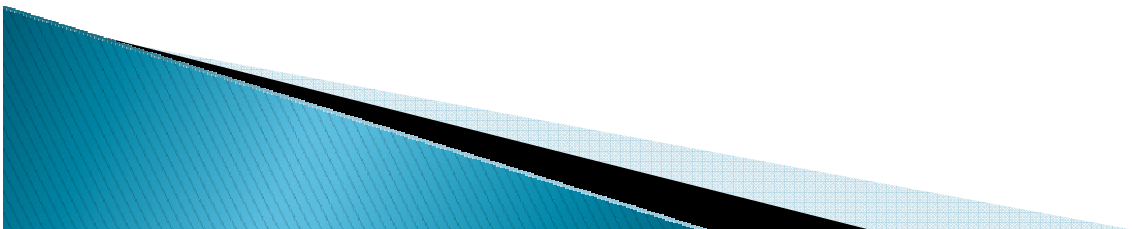


squamous cell carcinoma



management of actinic keratoses

- ▶ advice
- ▶ sun protection – hat, clothing & sunscreens
- ▶ emollients
- ▶ specific treatments –
 - individual lesions
 - field treatments

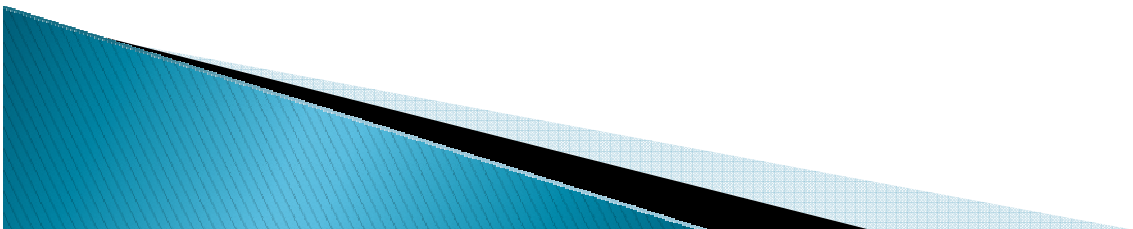


actinic keratosis



Solaraze®

- ▶ diclofenac gel 3%
- ▶ small multiple lesions
- ▶ use twice daily maximum 8g daily
- ▶ 60–90 days

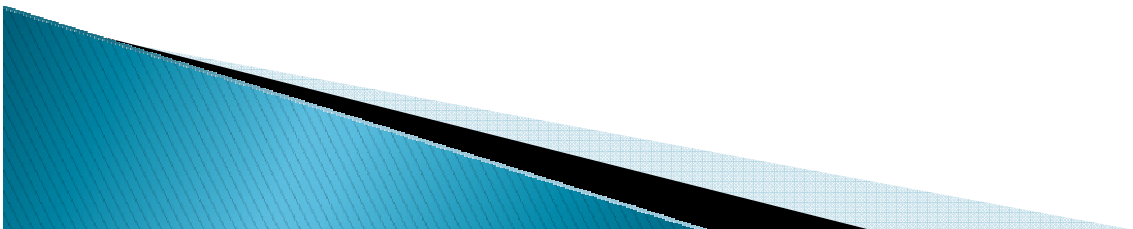


Solaraze® reaction



Actikerall®

- ▶ topical solution
- ▶ fluorouracil 0.5% salicylic acid 10%
- ▶ thin to moderately thick individual lesions
- ▶ apply once daily
- ▶ up to 12 weeks
- ▶ maximum area 5cms by 5cms

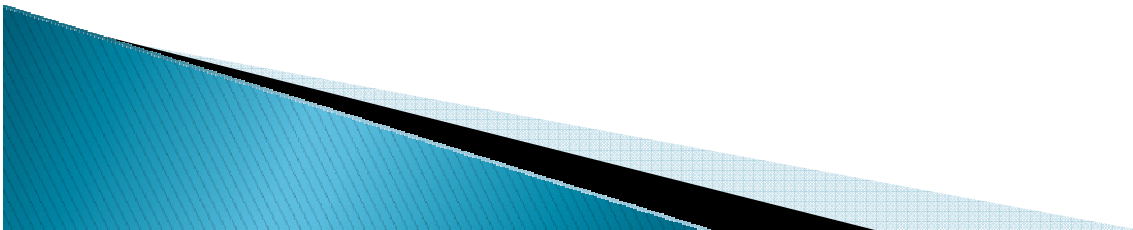


actinic keratosis



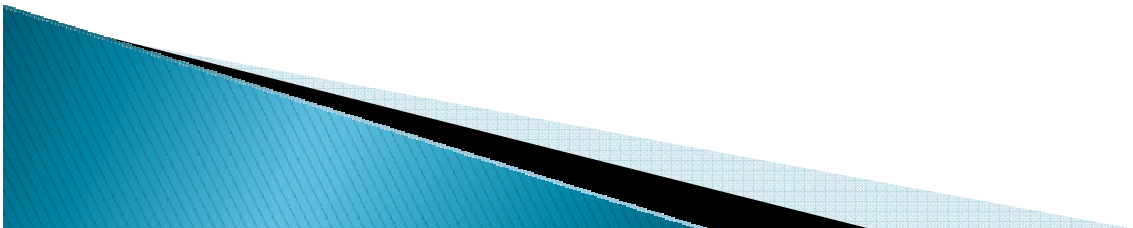
Aldara®

- ▶ imiquimod 5% cream
- ▶ apply to lesion 3 times a week for 4 weeks
- ▶ wash off after 8 hours
- ▶ assess response after a 4 week treatment-free interval
- ▶ repeat 4-week course if lesions persist
- ▶ max. 2 courses



Zylara®

- ▶ imiquimod 3.75% cream
- ▶ field directed cream
- ▶ 1–2 sachets before bedtime washes off next morning
- ▶ (2 weeks on) – (2 weeks off) – (2 weeks on)
- ▶ follow up 8 weeks



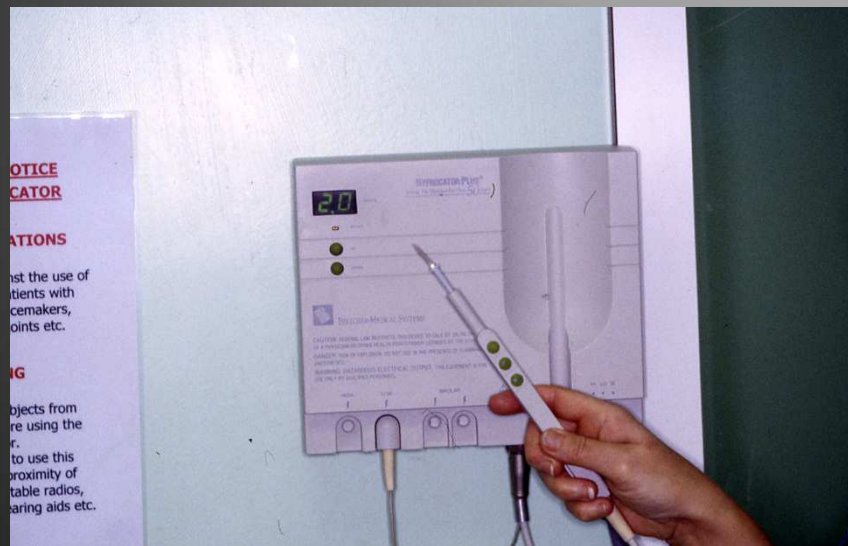
cryotherapy



curette and cautery

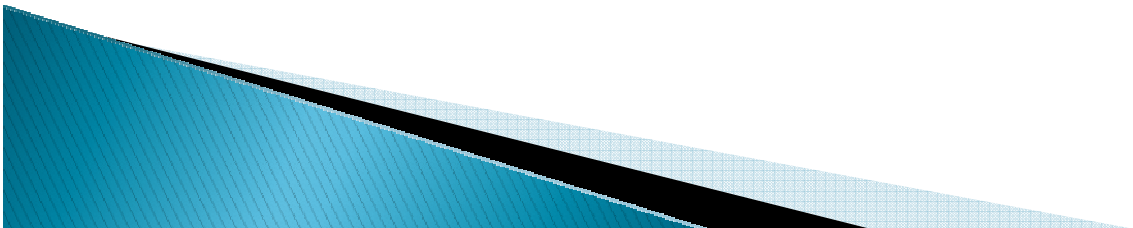


Hyfrecator®



photodynamic therapy (PDT)

- ▶ methyl-5-aminolevulinate cream (*Metvix*®)
- ▶ centres – exposure to a light source
- ▶ superficial and confluent, non-hypertrophic actinic keratosis
- ▶ multiple lesions, for periorbital lesions, or for lesions located at sites of poor healing



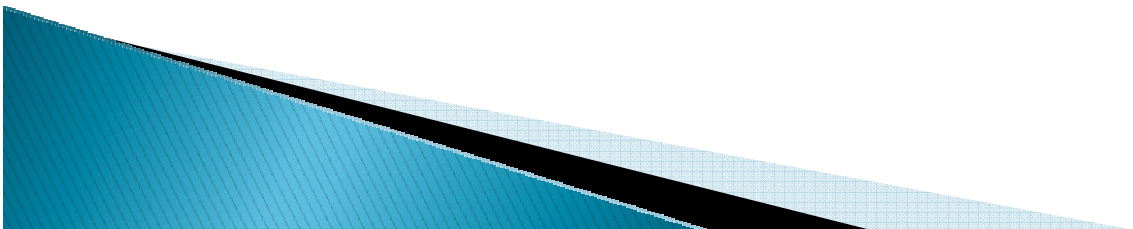
Picato® gel

- ▶ Euphorbia peplus sap
- ▶ ingenol mebutate
- ▶ actinic keratoses
- ▶ 0.015% face and scalp once daily 3 days
- ▶ 0.05% trunk and extremities once daily 2 days
- ▶ irritation



Dear Dr,

Fred has a slowly growing cyst on his nose. A pal at his allotments drew his attention to it. He suggested it was a cancer and he should get it treated. In view of that, he consulted me. There is a shiny nodule on his nose, with no ulceration. I am not sure what it is, many thanks for seeing him as a 2 week rule.





the lesion is ?

1. cellular naevus
2. cystic basal cell carcinoma
3. epidermoid cyst
4. sebaceous gland hyperplasia



cellular naevus



epidermoid cyst



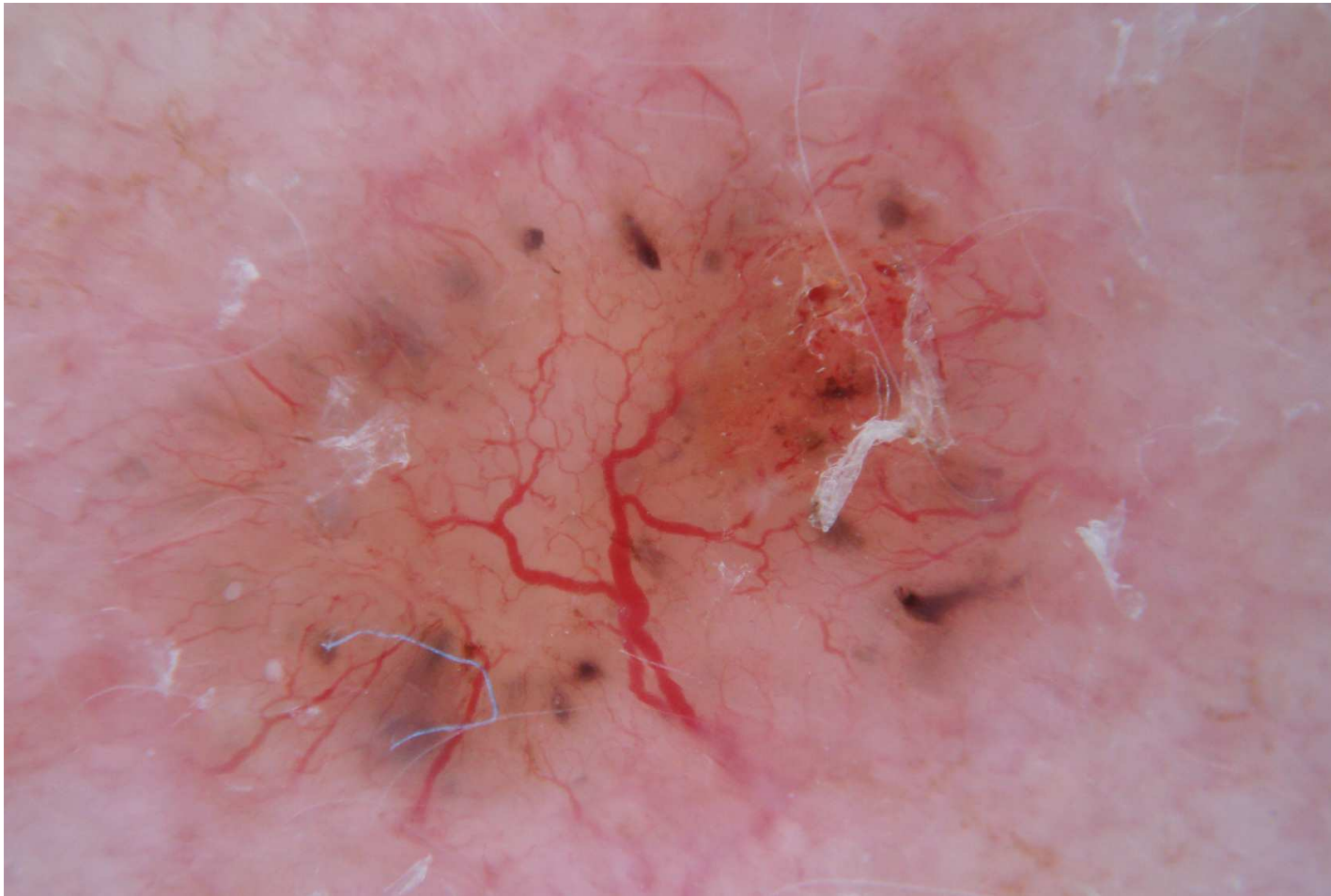
superficial basal cell carcinoma



basal cell carcinoma – treatment

- ▶ surgery –
 - excision – face
 - curette and cautery – back
- ▶ 5FU (Efudix®)
- ▶ imiquimod (Aldara®)
- ▶ photodynamic therapy

BCC dermoscopy

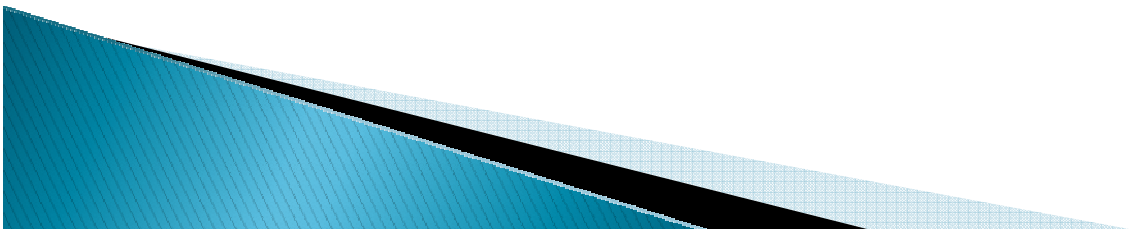


pigmented basal cell carcinoma



Dear Dr,

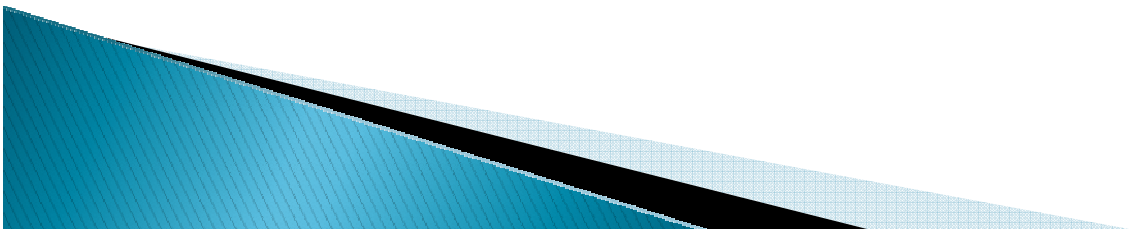
Mr William's is a 75 year old retired surveyor.
He has developed some slow growing brown
lesions on his face. He wanted to know if they
should be removed?





treatment of seborrhoeic warts –

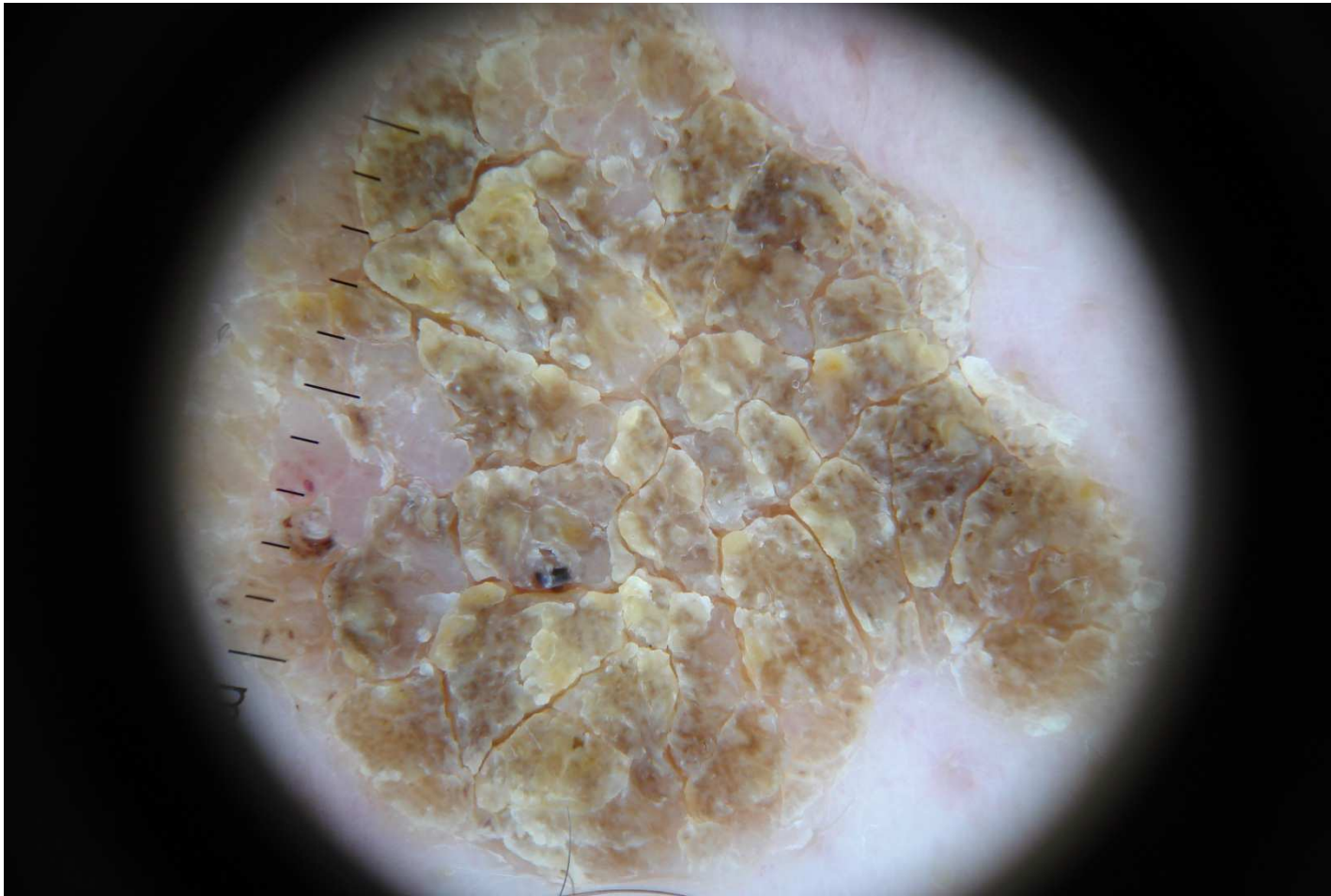
- ▶leave alone
- ▶curette and cautery
- ▶cryotherapy
- ▶refer if diagnosis in doubt



seborrheic keratoses

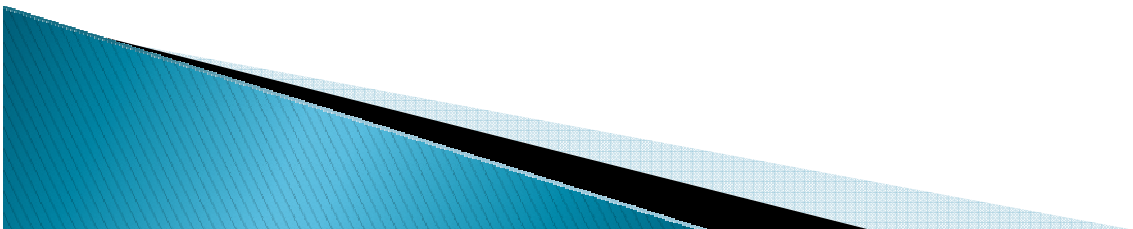


dermoscopy– seborrheic keratosis



Dear Dr,

Mr Seales has a warty lesion on his arm. It's quite large and I didn't want to remove it at the surgery. Please could you see and do the necessary.





the lesion is?

- 1. cutaneous horn
- 2. melanoma
- 3. viral wart



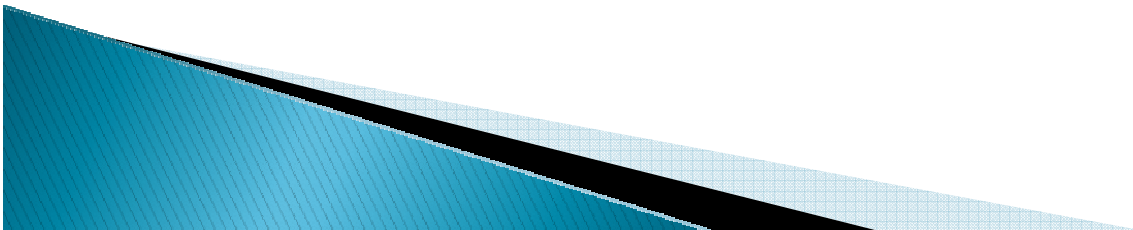
not a
cause of a cutaneous horn ?

1. solar keratosis
2. seborrheic keratosis
3. squamous cell carcinoma
4. viral wart



Dear Dr.

Mrs Giles is aged 76. She has a small red scaly patch on her left leg. I thought it was psoriasis, although she hasn't had it before. The patch hasn't responded to Dovobet[®], could you suggest a treatment.





the patch is?

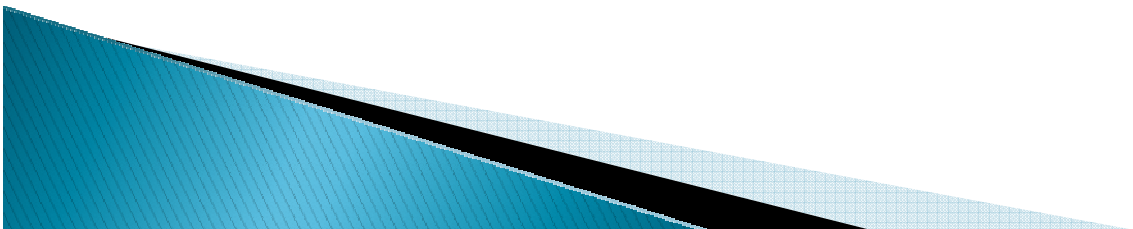
1. Bowen's disease
2. discoid eczema
3. psoriasis



Bowen's disease– treatment

treatments –

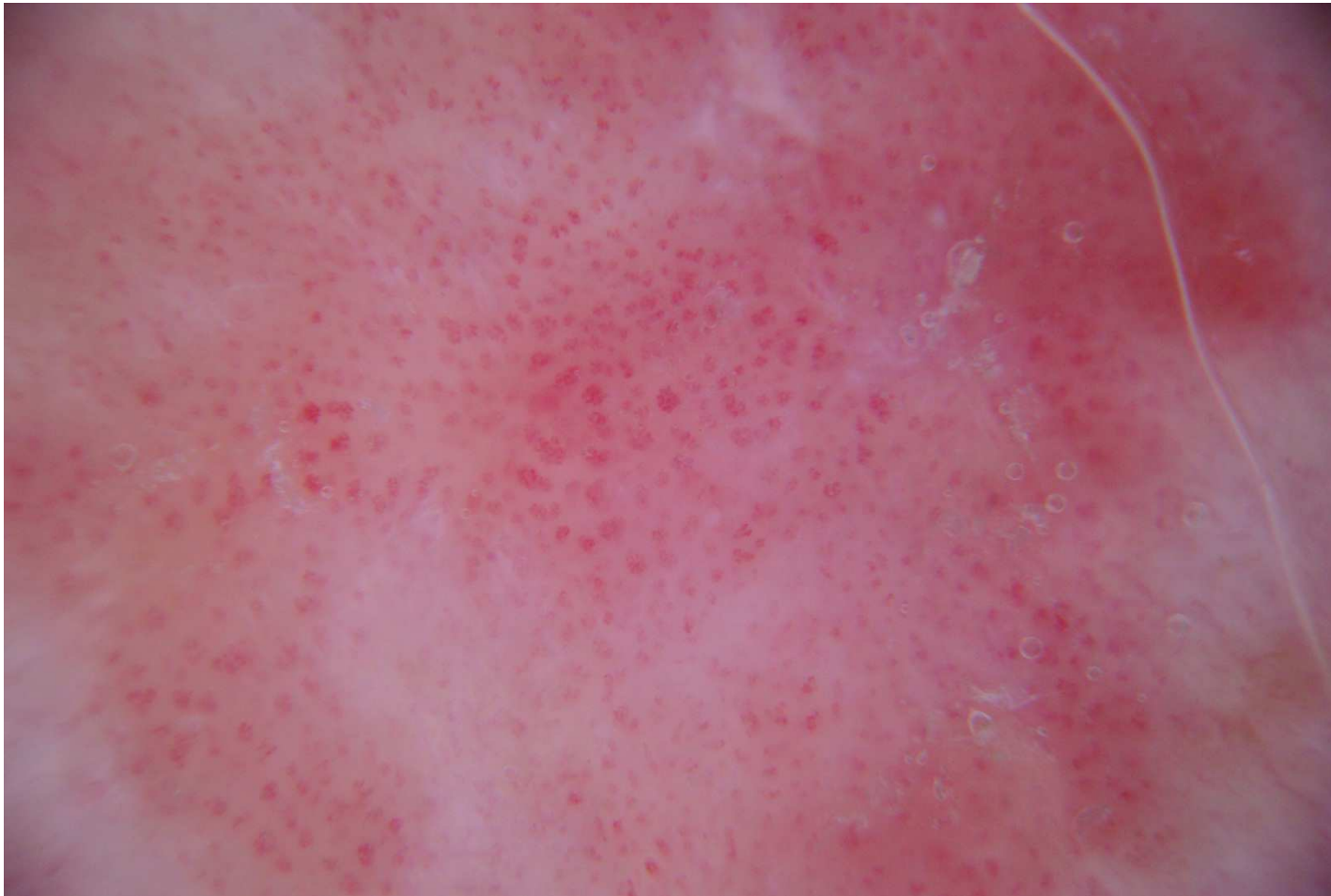
- ▶Aldara® (imiquimod)
- ▶cryotherapy
- ▶Efudix® (5FU)
- ▶excision
- ▶PDT (photodynamic therapy)



Bowen's disease



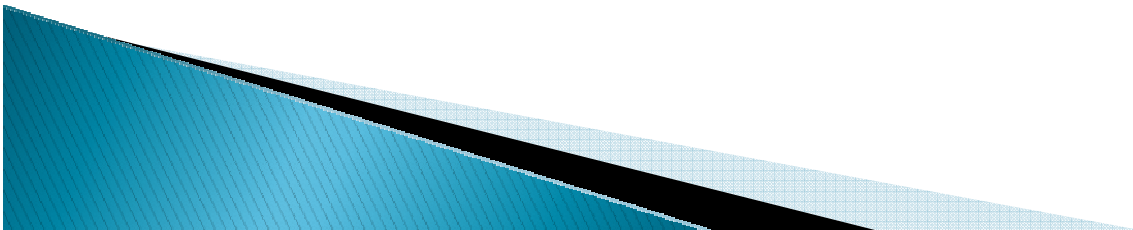
Bowen's disease–dermoscopy



Dear Dr,

Mrs Hicky is an 82 year old retired teacher. She has noticed a dark patch that is slowly increasing in size on her left cheek. I thought it is was a seborrhoeic wart but I am not sure.

Please could you advise?





the lesions is?

1. basal cell papilloma
2. squamous cell carcinoma
3. pyogenic granuloma



squamous cell carcinoma



squamous cell carcinoma – hand



keratoacanthoma



lentigo maligna

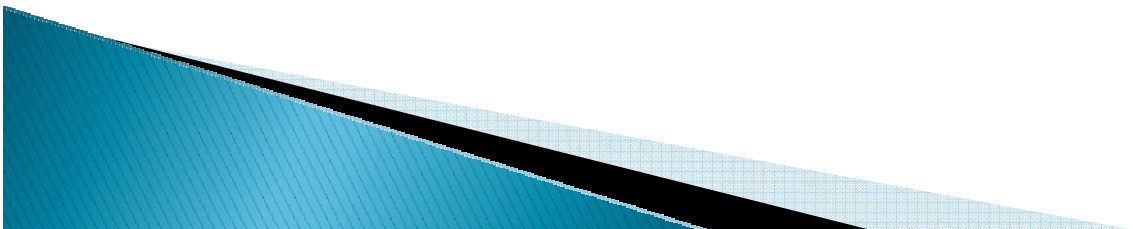


lentigo maligna melanoma



Dear Dr,

Please could you see Susan Seals urgently. This 38 year old lady presented today with a new pigmented lesion on her left leg. It has been present about 6 weeks and Susan has noticed that it is getting bigger. She does tend to tan and does not usually burn. The lesion does show variation in colour and is not symmetrical

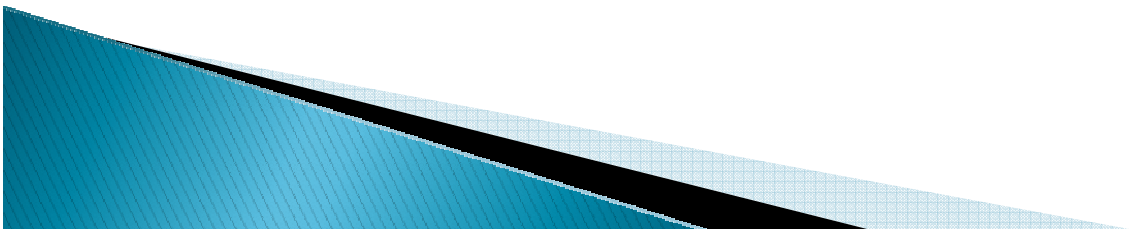


superficial spreading melanoma



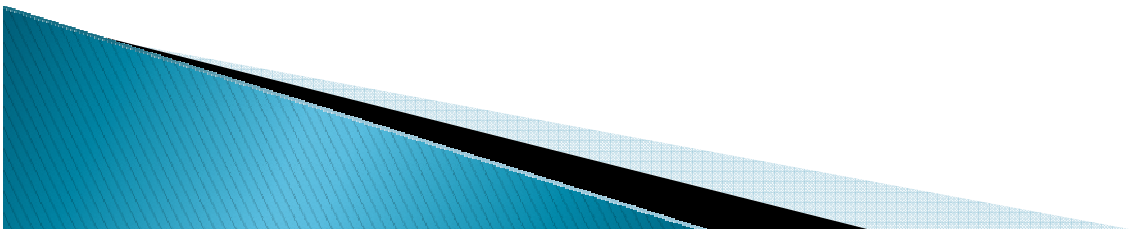
superficial spreading melanoma

- ▶ females
- ▶ legs
- ▶ previous lesion
- ▶ sun exposure
- ▶ skin type
- ▶ multiple naevi
- ▶ atypical naevi



check list

- ▶ Asymmetry
- ▶ Border
- ▶ Colour
- ▶ Diameter
- ▶ Elevation or evolution
- ▶ Evolution (size, shape and colour)
- ▶ Funny looking mole



superficial spreading melanoma



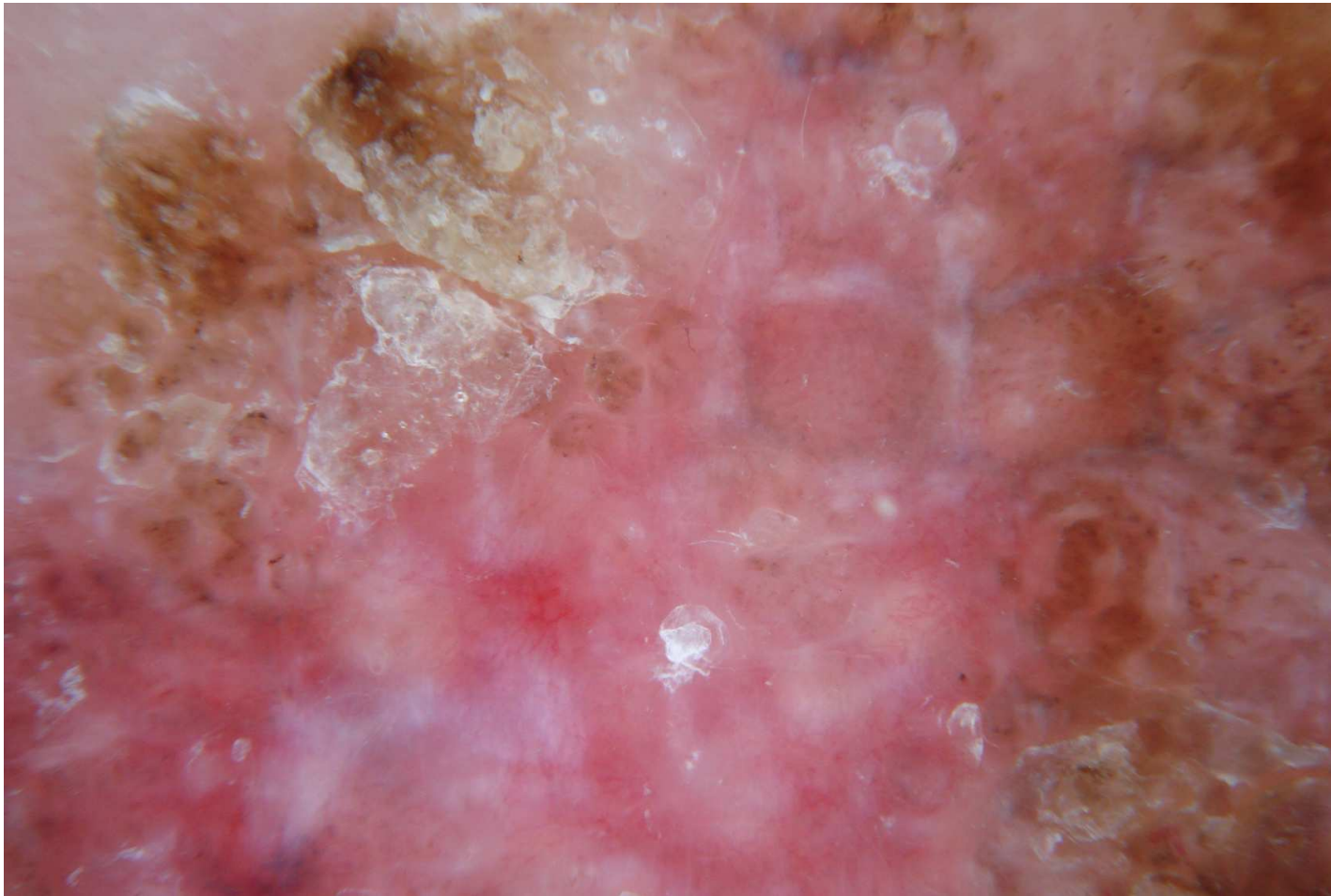
a changing lesion on a middle
aged females abdomen –
dermoscopy



changing mole on a 28 year old lady

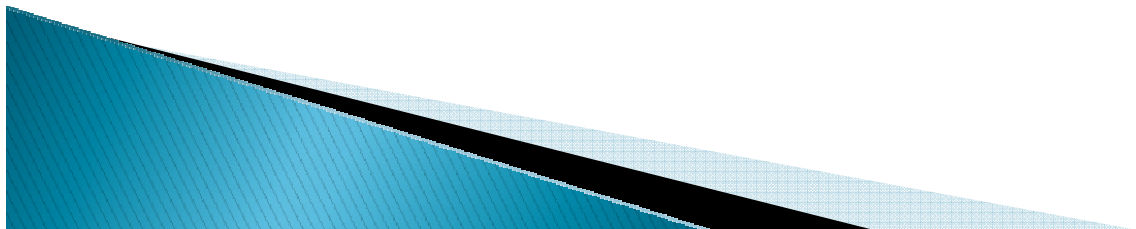


melanoma – dermoscopy



Dear Dr,

George Stephens was recently on holiday and a friend didn't like the look of a black nodule on his back. George himself had no idea of its existence. He works as a 'bricky' – on building sites.

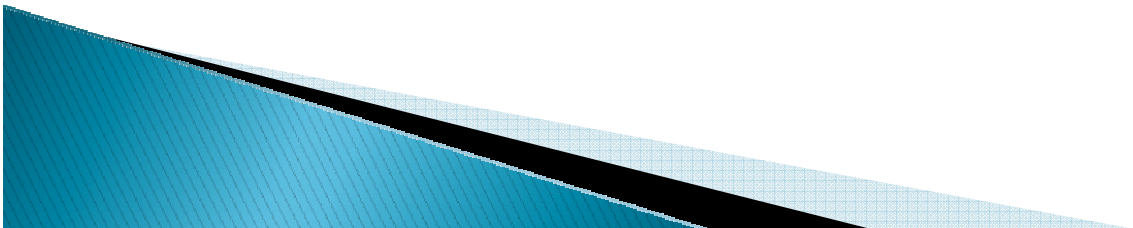


nodular melanoma



nodular melanoma

- ▶ males
- ▶ back
- ▶ poor prognosis
- ▶ check lists not of value



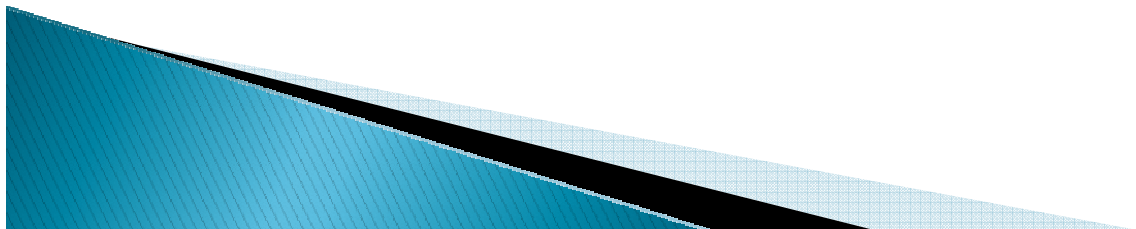
nodular melanoma



2 week rule & skin cancer referrals

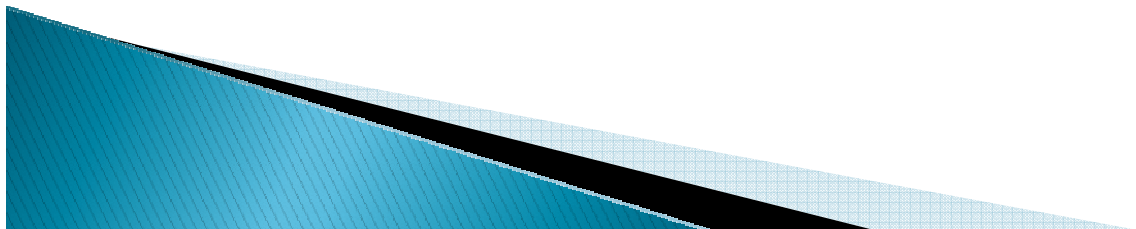
Which lesions are not included?

1. basal cell carcinoma
2. nodular melanoma
3. squamous cell carcinoma
4. superficial spreading melanoma



What Surgical provision is available in your area for suspected melanoma ?

1. dermatology
2. plastics
3. general surgery
4. maxillary facial

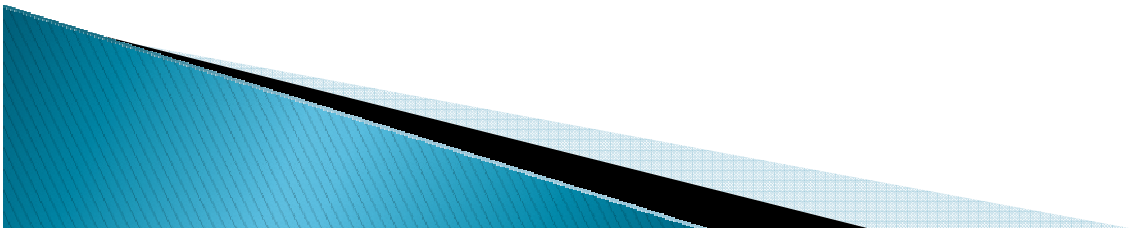


nodular melanoma



tips

- ▶ Do not biopsy an SCC or melanomas in primary care
- ▶ Do not use check lists on nodules
- ▶ Do not use dermoscopy of nodular lesions
- ▶ Review what you refer



further information – guidelines

- ▶ www.bad.org.uk
- ▶ www.nice.org.uk
- ▶ www.sign.ac.uk
- ▶ Patient information leaflets
- ▶ www.bad.org.uk
- ▶ [Your local guidelines](#)

