

Nevi (Moles)

Nevi are benign hyperplasia of **melanocytes**. Use the ABCDE mnemonic to ensure a benign lesion. (**A**)**symmetric**, **irregular Border**, **mixed Color**, a **large Diameter** (>5mm), or **Evolving** (changing over time) is suspicious of cancer and requires biopsy. If anyone is positive, biopsy. If ALL are negative, offer reassurance. There are three kinds of nevi depending on the layer the melanocytes are growing in. They're often a subject of Qbanks rather than actual test questions. Be more concerned about whether it's ABCDE or not. What you care about is **melanoma**. Do a **wide excisional biopsy** and refer to the surgery skin cancer topic for more details.

Seborrheic Keratosis (NOT Seborrheic Dermatitis)

This is an **ugly looking mole** here to remind you that not all ⊕ ABCDE is melanoma. These are often **large, brown, greasy looking**, and **crusted**. They look, "**stuck on**" the face of an **old person**. Here's the thing - it's a cosmetic mark of aging, but it can look an awful lot like melanoma. If it's been present for a long time and is unchanged, leave it be; it's Seborrheic Keratosis. If it's new or changing, do the biopsy to rule out melanoma. Board exams can get tricky about this, so be careful.

Actinic Keratosis

A **premalignant** condition appearing as **erythematous with a sandpaper-like yellow to brown scale**. This is **squamous cell carcinoma** in the making and carries all the same risk factors. Look for the sun-exposed patient (farmer, sailor, burns early in childhood) and the sun-exposed area (face, arms, hands). **Primary prevention** is key (wide-brimmed hats, sunscreen, avoidance of sun). Local ablation with **cryosurgery** is first line treatment. **5-FU** cream is used for diffuse lesions not amenable to cryosurgery. Actinic Keratosis, Bowen Disease (carcinoma in situ), and Invasive Squamous Cell Carcinoma are the same disease along a common spectrum.

Squamous Cell Carcinoma

SCC is a locally invasive malignancy of keratinocytes that **can metastasize** (unlike basal cell). Risk factors are sun exposure (see Actinic Keratosis). If it involves the lip, the lesion is almost **always on the lower lip**. The lesion itself will be fleshy, erythematous, and crusted or ulcerated. Biopsy the lesion, then perform **surgical excision**.

**Keratoacanthomas** look and sound like squamous cell carcinoma but grow more rapidly and regress spontaneously. Because of their similarities to SCC, if found they're **resected** like SCC. If a patient describes a SCC that "**went away on its own**" it was keratoacanthoma.

Kaposi Sarcoma

Malignancy of vascular endothelial cells that occurs with co-infection of **HHV-8** and **Immunosuppression (AIDS)**. It's a **purple** lesion. Treat the AIDS and the tumors go away. Failure to resolve with HAART (rising CD4) implies the need for local or systemic chemotherapy. Also, they can be anywhere.

ABCDE = Cancer

**A**symmetric

Irregular **B**order

Mixed **C**olors

Large **D**iameter > 5mm

**E**volving (changes in ABCD)

You need ANY 1 to suspect cancer

