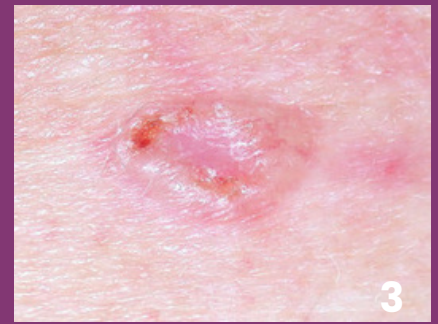


# Differentiating Common Skin Lesions



Disease

Seborrhoeic keratoses (SK)

Squamous cell carcinoma (SCC)

Basal cell carcinoma (BCC)

Presentation

- Flat/raised typically light-dark brown oval shaped papule or plaque with a “stuck on” appearance.
- Colour can also be skin coloured, yellow, grey, or mix coloured with a smooth, waxy, or warty surface.
- Often appear in clusters with a cobblestone appearance.

- Most commonly scaly, erythematous patch, possibly hyperkeratotic or ulcerated.
- These lesions can also present as an open sore or wart-like growth with a raised border. In darker skin tones, can include the colours purple, brown or black.
- Often rapidly increase in size and bleed occasionally.

- Slowly growing, skin coloured papule; may be ulcerated and often bleed spontaneously.
- **Nodular BCC:** Most common, shiny nodule
- **Superficial BCC:** Scaly irregular plaque
- **Morphoeic BCC:** Waxy scar-like plaque with indistinct borders
- **Pigmented BCC:** Brown or black pigmentation
- **Basosquamous:** More aggressive mix of BCC & SCC

Location

Commonly on the scalp, mid-face, chest, and upper back.

Sun exposed areas: Face, lips, ears, hands, forearms, lower legs.

Sun exposed areas: Face, lips, ears, hands, forearms, lower legs.

Size

1 mm to several cm in diameter.

Few mm to several cm in diameter.

Few mm to >10cm in diameter.







Onset

Typically presents at 30-40 years of age.

High risk for the elderly or immunosuppressed patients.

Typically elderly males.

# Differentiating Common Skin Lesions Continued

Disease	Seborrhoeic keratoses (SK)	Squamous cell carcinoma (SCC)	Basal cell carcinoma (BCC)
Causes	<p>Precise cause unknown but is associated with:</p> <ul style="list-style-type: none"> <li>• Sunburn</li> <li>• Dermatitis</li> <li>• Skin Friction</li> <li>• Gene mutations in FRFR3, PIK3CA, RAS, AKT1 and EGFR</li> </ul>	<p>Associated with:</p> <ul style="list-style-type: none"> <li>• UV ray exposure (especially UVB)</li> <li>• Cigarette smoking</li> <li>• Ageing</li> <li>• Immune suppression</li> </ul>	<p>Associated with:</p> <ul style="list-style-type: none"> <li>• UV ray exposure</li> <li>• Excessive intake of arsenic</li> <li>• Genetic defects</li> </ul>
Treatments	<ul style="list-style-type: none"> <li>• Cryotherapy</li> <li>• Shave biopsy</li> <li>• Curettage and/or electrocautery</li> <li>• Ablative laser surgery,</li> <li>• Focal chemical peel</li> </ul>	<p><b>First-line:</b></p> <ul style="list-style-type: none"> <li>• Typically surgical excision</li> </ul> <p><b>Other methods:</b></p> <ul style="list-style-type: none"> <li>• Shave, curettage, electrocautery</li> <li>• Aggressive cryotherapy</li> <li>• Mohs micrographic surgery</li> <li>• Radiotherapy</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Surgical Excision:</b> Mohs surgery, shave, laser excision or ablation</li> <li>• <b>Radiation therapy:</b> For patients whom surgery is contraindicated, or as adjunctive therapy</li> </ul>
Additional Images	 <p>4</p>  <p>5</p>	 <p>6</p>  <p>7</p>	 <p>8</p>  <p>9</p>

## References

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## Image Citations

1. *Seborrhoeic keratosis. Seborrhoeic keratoses (brown warts, basal cell papillomas, seborrheic keratosis). (n.d.).* <https://dermnetnz.org/topics/seborrhoeic-keratosis>
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