1. BCC

Description:

* Basal cell carcinoma (BCC) is a common, locally invasive, [keratinocyte cancer](https://dermnetnz.org/topics/keratinocyte-cancer) (also known as nonmelanoma cancer).
* It is the most common form of [skin cancer](https://dermnetnz.org/topics/skin-cancer).
* BCC is also known as rodent ulcer and basalioma. Patients with BCC often develop multiple primary tumors over time.

Causes:

The cause of BCC is multifactorial.

* Most often, there are DNA mutations in the patched (PTCH) tumor suppressor gene, part of the hedgehog signaling pathway.
* These may be triggered by exposure to ultraviolet radiation.
* Various spontaneous and inherited [gene defects](https://dermnetnz.org/topics/genetics-of-basal-cell-carcinoma) predispose to BCC.

Symptoms:

* **A shiny, skin-colored bump** that's translucent, meaning you can see a bit through the surface.
* **A brown, black or blue lesion** — or a lesion with dark spots — with a slightly raised, translucent border.
* **A flat, scaly patch** with a raised edge. Over time, these patches can grow quite large.
* **A white, waxy, scar-like lesion** without a clearly defined border.

Treatment:

* · Basal cell carcinoma is most often treated with surgery to remove all of the cancer and some of the healthy tissue around it.
* · **Surgical excision.** In this procedure, your doctor cuts out the cancerous lesion and a surrounding margin of healthy skin.
* · **Mohs surgery.** During Mohs surgery, your doctor removes the cancer layer by layer, examining each layer under the microscope until no abnormal cells remain.
* · **Other treatments**
* · Other treatments include:
* · **Radiation therapy.** Radiation therapy uses high-energy beams, such as X-rays and protons, to kill cancer cells.
* · **Freezing.** This treatment involves freezing cancer cells with liquid nitrogen (cryosurgery).

2. DF

Description –

* A dermatofibroma is a common benign fibrous nodule usually found on the skin of the lower legs.
* A dermatofibroma is also called a cutaneous fibrous histiocytoma.
* It is brown often showing a central zone of fibrosis dermatoscopically.

Causes –

The lesions are composed of proliferating fibroblasts. Histiocytes may also be involved.

They are sometimes attributed to minor trauma including insect bites, injections, or a rose thorn injury, but not consistently.

Multiple dermatofibromas can develop in patients with altered immunity such as HIV, immunosuppression, or autoimmune conditions.

Symptoms:

* They may be flesh-colored, brown or reddish-brown.
* Usually, dermatofibromas form on your arms or legs.
* **They may feel firm to the touch and can be itchy, tender or painful**. Sometimes, they're shaped like a dimple — the center of the lesion falls in, and the edges of the lesion pucker around it.

Treatment:

* [Steroid injections](https://my.clevelandclinic.org/health/treatments/4934-steroid-injections) to reduce pain or lesion size.
* Surgical excision, using a surgical tool to scrape off the lesion.

3. Melanoma

Description –

Melanoma, the most serious type of skin cancer, develops in the cells (melanocytes) that produce melanin — the pigment that gives your skin its color. Melanoma can also form in your eyes and, rarely, inside your body, such as in your nose or throat. The risk of melanoma seems to be increasing in people under 40, especially women. Knowing the warning signs of skin cancer can help ensure that cancerous changes are detected and treated before the cancer has spread. Melanoma can be treated successfully if it is detected early.

Symptoms –

The first melanoma signs and symptoms often are:

* A change in an existing mole
* The development of a new pigmented or unusual-looking growth on your skin

Melanoma doesn't always begin as a mole. It can also occur on otherwise normal-appearing skin.

Causes –

Melanoma occurs when something goes wrong in the melanin-producing cells (melanocytes) that give color to your skin. The following are some of the reasons -

* **A history of sunburn.** One or more severe, blistering sunburns can increase your risk of melanoma.
* **Excessive ultraviolet (UV) light exposure.** Exposure to UV radiation, which comes from the sun and from tanning lights and beds, can increase the risk of skin cancer, including melanoma.
* **Living closer to the equator or at a higher elevation.** People living closer to the earth's equator, where the sun's rays are more direct, experience higher amounts of UV radiation than do those living farther north or south. In addition, if you live at a high elevation, you're exposed to more UV radiation.
* **Having many moles or unusual moles.** Having more than 50 ordinary moles on your body indicates an increased risk of melanoma.
* **A family history of melanoma.** If a close relative — such as a parent, child or sibling — has had melanoma, you have a greater chance of developing a melanoma, too.

Treatment –

### **Treatment for small melanomas**

Treatment for early-stage melanomas usually includes surgery to remove the melanoma. A very thin melanoma may be removed entirely during the biopsy and require no further treatment.

### **Treating melanomas that have spread beyond the skin**

If melanoma has spread beyond the skin, treatment options may include:

* **Surgery to remove affected lymph nodes.**

If melanoma has spread to nearby lymph nodes, your surgeon may remove the affected nodes.

* **Immunotherapy.**

Immunotherapy is a drug treatment that helps your immune system to fight cancer.

* **Targeted therapy.**

Targeted drug treatments focus on specific weaknesses present within cancer cells. By targeting these weaknesses, targeted drug treatments can cause cancer cells to die.

* **Radiation therapy.**

This treatment uses high-powered energy beams, such as X-rays and protons, to kill cancer cells. Radiation therapy may be directed to the lymph nodes if the melanoma has spread there.

* **Chemotherapy.**

Chemotherapy uses drugs to kill cancer cells. Chemotherapy can be given intravenously, in pill form or both so that it travels throughout your body.

4. AKIEC -

Description –

Actinic keratosis is an abnormal growth of cells caused by long-term damage from the sun,” he says. “**They are not cancerous, but a small fraction of them will develop into skin cancer”**. Because we don't know which ones will become cancer and which will not, dermatologists recommend treatment of these lesions. It is a skin disorder that causes rough, scaly patches of skin. Another name for this is solar keratosis. Without treatment, AKIEC can lead to a type of [skin cancer](https://my.clevelandclinic.org/health/diseases/15818-skin-cancer) called [squamous cell carcinoma](https://my.clevelandclinic.org/health/diseases/17480-squamous-cell-carcinoma-scc).

Symptoms –

Usually, the first signs of actinic keratosis are rough, raised bumps on your skin. They can vary in color but often have a yellow or brown crust on top. These bumps may be:

* Gray.
* Pink.
* Red.
* The same color as your skin.

Symptoms may also include:

* Bleeding.
* Burning, stinging or itching.
* Dry, scaly lips.
* Hornlike skin growths that stick out (like an animal’s horn).
* Loss of color in the lips.
* Pain or tenderness.

Causes –

The most common cause of actinic keratosis is too much exposure to ultraviolet (UV) light. UV light comes from the sun or indoor tanning equipment, such as tanning beds. UV light can damage your outer layer of [skin](https://my.clevelandclinic.org/health/articles/10978-skin) cells, called keratinocytes.

Treatment –

Treatment options depend on how many actinic keratoses (AKs) you have and what they look like. Your healthcare provider may recommend removing the skin patches during an office visit.

To remove actinic keratosis, your doctor may use:

* **Chemical peels:** A [chemical peel](https://my.clevelandclinic.org/health/treatments/11010-chemical-peels) is like a medical-grade face mask. Your healthcare provider applies the peel during an office visit. The chemicals in the treatment safely destroy unwanted patches in your top layer of skin. In the first few days, the treated area will be sore and red. As the skin heals, you will see a new, healthy layer of skin.
* **Cryotherapy:** If you have one or two AKIECs, your provider may use [cryotherapy](https://my.clevelandclinic.org/health/treatments/21099-cryotherapy). During this treatment, your provider uses a cold substance such as liquid nitrogen to freeze skin growths. Within a few days, these growths will blister and peel off.
* **Excision:** During this treatment, your healthcare provider first numbs the skin around your AKIEC. Your provider then scrapes away or cuts out the AKIECs and stitches the area back together. Usually, your wound will heal in two to three weeks.
* **Photodynamic therapy:** If you have multiple AKIECs or AKIECs that return after treatment, your provider may recommend [photodynamic therapy](https://my.clevelandclinic.org/health/treatments/17922-photodynamic-therapy-pdt). This treatment uses creams and special light therapy to destroy precancerous skin cells. You will need to stay out of the sun for a few days while the treated skin heals.

5. NV

Description –

Moles, also called “melanocytic nevi,” are common in newborns and infants (about 1 percent).

If they are seen at birth or develop during the first 1-2 years of life they are called congenital melanocytic nevi. While most of these moles are small, some may be very large.

Causes –

All moles, including those that are congenital, are made of “melanocytes.” These are the cells that give skin its color (pigment). These cells are present in all skin types and colors, in varying degrees. In congenital melanocytic nevi, there are more of these cells, which makes that skin a darker color. It is not known what causes these to form, but a genetic cause is suspected.

Symptoms –

Melanocytic nevi usually look like light to dark brown spots on the skin. In children with very light or fair skin, they may appear more pink or red in color. They may have hair growing in them, a bumpy texture, or slowly get darker in color.

Treatment –

The majority of congenital melanocytic nevi do not need treatment.

Check the mole(s) each month. Watch for any changes in the way the mole(s) look. It may help to take a photo of the mole(s) with your smartphone or digital camera so you can tell if there have been any changes.

If there are any changes, such as areas of bleeding or crusting, new bumpy areas, areas that change color, new pain or itch, change in shape or rapid change in size, have your child see your doctor.

For some congenital nevi, complete removal may be recommended.

6. BKL

Description –

A **seborrheic keratosis (seb-o-REE-ik ker-uh-TOE-sis) is a common noncancerous (benign) skin growth**. People tend to get more of them as they get older. Seborrheic keratoses are usually brown, black or light tan. The growths (lesions) look waxy or scaly and slightly raised. **Seborrheic keratoses do not turn into skin cancer, even after several years**, And they don't raise your risk for developing skin cancer or other skin problems. They are not contagious. Typically, the lesions aren't painful, but they may itch.

Symptoms –

* Itching.
* Irritation from friction.
* Bleeding.

Causes –

The first is age: seborrheic keratoses are especially common in adults over 50, and they tend to multiply as people get older. Some studies suggest that sun exposure may increase their occurrence. They also appear more frequently in families, which suggests that genetics may play a role. They are not viral or bacterial. They don’t spread and they aren’t contagious.

Treatment –

Some options for removing your seborrheic keratosis are

* **Cryotherapy.**

Your healthcare provider will numb the skin and then use liquid nitrogen to freeze the growth. This will cause it to fall off within a few days or weeks.

* **Electrodessication/Curettage.**

Your healthcare provider will numb the skin and then use a targeted electrocurrent to burn the seborrheic keratosis. They use a surgical instrument called a curette to scrape away the remains of the growth.

* **Laser Therapy.**

Lasers offer an alternative to surgery by burning the growth, sterilizing the wound and sealing the tissue all at once. Laser therapy is quick, but the wound will be sore for a while afterward. Lasers are associated with good cosmetic results.

* **Prescription Hydrogen Peroxide.**

The FDA has recently approved a topical solution of 40% hydrogen peroxide to treat seborrheic keratosis. (Over-the-counter hydrogen peroxide is a 1% solution.) The solution comes in an applicator pen, which your healthcare provider will apply to your seborrheic keratosis several times in one visit. You may need more than one visit to see results. Mild skin reactions are a common side effect.

Some over-the-counter topical treatments have shown promise for reducing seborrheic keratoses. Research is limited on these solutions. They take time and persistence to work and are not 100% effective. But they also have fewer side effects and little-to-no recovery time. They might be a practical option to try if you want to treat many growths at once. Options include:

* Tazarotene cream 0.1%.
* Alpha Hydroxy Acid (AHA) products, including glycolic acid and salicylic acid peels.
* Vitamin D3 cream.

7. VASC

Description –

These are benign lesions that are composed of proliferating endothelial tissue. The lesions are more common in females (5:1). They usually appear within a few weeks of birth, grow rapidly and then stabilize and involute by fibrosis and diminished vascularization. Usually after involuting, there is minimal cosmetic defect and <2% require active therapy. A third are gone by 3 years of age, 70% by 7 years of age, and 90% by 9 years of age.

Pyogenic granulomas are small, raised, and red bumps on the skin. The bumps have a smooth surface and may be moist. **They bleed easily because of the high number of blood vessels at the site**. It is a benign (noncancerous) growth.

Symptoms –

A pyogenic granuloma starts as a small, fleshy bump protruding from your skin or mucous membranes. It usually grows quickly, from a few millimeters (the tip of a crayon) to about a half-inch (the tip of a finger).

Pyogenic granulomas have been described as looking like ground beef. They may be pink, red, reddish-brown or purple. They often develop a scaly, white “collar” around the bottom.

At maturity, the growths are often attached to your skin by a stalk-like structure (pedunculated). But they can also attach directly to your skin (sessile).

The surface of a pyogenic granuloma starts smooth but can become bumpy or crusty. The lesions are delicate, so they ooze, break and bleed easily.

Causes –

They often happen along with:

* Hormonal changes, such as pregnancy or the use of [birth control pills](https://my.clevelandclinic.org/health/drugs/3977-birth-control-the-pill).
* Infection with the bacteria *Staphylococcus aureus* ([staph infection](https://my.clevelandclinic.org/health/diseases/21165-staph-infection-staphylococcus-infection)).
* Minor injury or irritation to your skin or mucous membranes (such as poor oral hygiene or piercings).

The skin condition has also been linked to the use of certain types of medications, including:

* Antineoplastics (medications used to fight [cancer](https://my.clevelandclinic.org/health/diseases/12194-cancer)).
* Antiretrovirals (often used for [HIV](https://my.clevelandclinic.org/health/diseases/4251-aids--hiv)).
* [Immunosuppressants](https://my.clevelandclinic.org/health/drugs/10418-immunosuppressants).
* Retinoids (vitamin A compounds often used to improve or heal skin).

Treatment –

Your healthcare provider may recommend a medication or procedure to treat pyogenic granulomas.

Topical medications applied to your skin to shrink pyogenic granulomas include:

* Chemicals such as [silver nitrate](https://my.clevelandclinic.org/health/drugs/19490-silver-nitrate-topical-solution), phenol and trichloroacetic acid (TCA).
* Eye drops such as [timolol](https://my.clevelandclinic.org/health/drugs/18110-timolol-eye-solution) for a granuloma in your eye.
* Imiquimod skin cream.
* [Steroid injections](https://my.clevelandclinic.org/health/treatments/4934-steroid-injections) into the lesion.

Procedures that can remove granulomas include:

* [Cryotherapy](https://my.clevelandclinic.org/health/treatments/21099-cryotherapy), to freeze it away.
* Curettage, to scrape it away, and cautery, to seal the skin with heat.
* Laser treatment to destroy the abnormal tissue.
* Surgical excision, to cut the granuloma out of your skin.