Biopsies for Common Skin Lesions

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Objectives

• Review the description of common skin lesions, as it pertains to procedures

• Discuss appropriate biopsy and/or treatment techniques, including managing pathology results

• Practice techniques!!
Skin Examinations Help!

• 1 in 5 Americans will develop a skin cancer in their lifetime

• 1 in 50 Americans will develop melanoma in their lifetime

...your patients are going to get skin cancer!!!
Non-melanoma Skin Cancer

- Non-melanoma skin cancer is rarely deadly

- Melanoma is deadly
  - 98% 5-year survival if confined to skin
  - 62% 5-year survival if in lymph nodes
  - 16% 5-year survival if distant metastases

- Early detection and treatment \(\rightarrow\) improved outcomes
Who is at Risk?
Who is at Risk?

Everyone!!!!!
Reviewing Skin Findings
Reviewing the Lingo

• Primary Lesion
• Size
• Color
• Secondary Changes
• Anatomic Location
What is the primary lesion?

Can you feel it?

NO

How big is it?

< 1 cm

Macule

< 1 cm

Papule

> 1 cm

Patch

> 1 cm

Plaque

YES

How big is it?

< 1 cm

Nodule or Tumor

> 1 cm
Common benign skin lesions
Pattern Recognition

http://emedicine.medscape.com/article/1059477-clinical#a0217

http://1.bp.blogspot.com/-Y4N-HDxoOM0/UNK14Ay6H2I/AAAAAAAABFY/nrCZysoSbNQ/s1600/Melanoma1.jpg
Seborrheic Keratosis
Acrochordons (skin tags)
Nevi

- Dermal Nevus
- Compound Nevus
- Junctional Nevus
- Many “special” nevi
  - Examples: blue nevi, Spitz nevi, deep penetrating nevi
- Atypical Nevus
  - Called “dysplastic” histologically
PRE-MALIGNANT SKIN LESIONS
Actinic Keratosis
MALIGNANT SKIN LESIONS
Basal Cell Carcinoma

• The most common type of skin cancer

• Risk Factor: Intermittent high-intensity sun exposure

• Rarely metastasizes but can be locally aggressive

• Clinically
  – Pink papule with prominent blood vessels
  – Can ulcerate
Squamous Cell Carcinoma

• 2\textsuperscript{nd} most common type of skin cancer

• More common in certain populations
  – Immunosuppressed
  – Chronic outdoor sun exposure

• Can Metastasize
  – High risk site = lip, ear, scalp

• Clinical Presentation
  – Red bump, can be crusty
  – Can develop under a cutaneous horn
Melanoma

• Aggressive skin cancer
  – Excellent prognosis if diagnosed at early stage

• Features
  – Asymmetric
  – Borders are Irregular
  – Colors
  – Diameter > 6 mm (size of pencil eraser)
  – Evolving
PERFORMING SKIN BIOPSIES
Shave vs Punch Biopsy?

• If lesion is papule, concern is basal cell carcinoma or squamous cell carcinoma, shave biopsy is typically acceptable

• General rule = punch biopsy for pigmented lesions
  – Melanoma prognosis is determined by depth of lesion
  – Depth is important here!!

• General rule = punch biopsy for rashes
  – LOCATION, LOCATION, LOCATION
Goal of Biopsy?

- Sample lesion/rash for diagnosis?
- Therapeutic?
“The Worst Part”

½-inch 30 gauge needle
• Shave Biopsy Video
• **Punch Biopsy Video**
Care for Biopsy Site

Erythema around shave and punch biopsy sites is expected!
TIME TO PRACTICE!

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