

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 → improved outcomes

Who is at Risk?



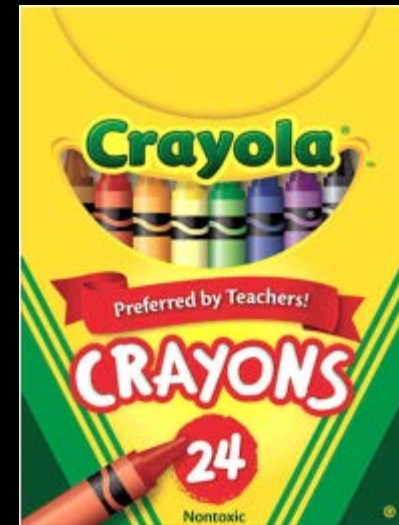
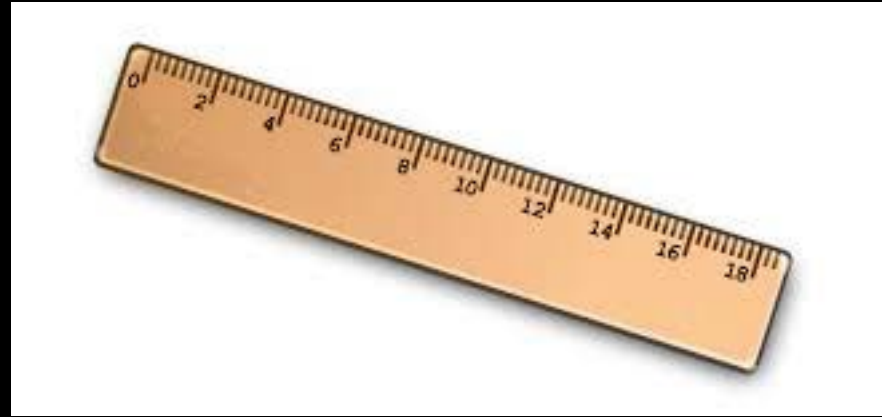
Who is at Risk?

Everyone!!!!

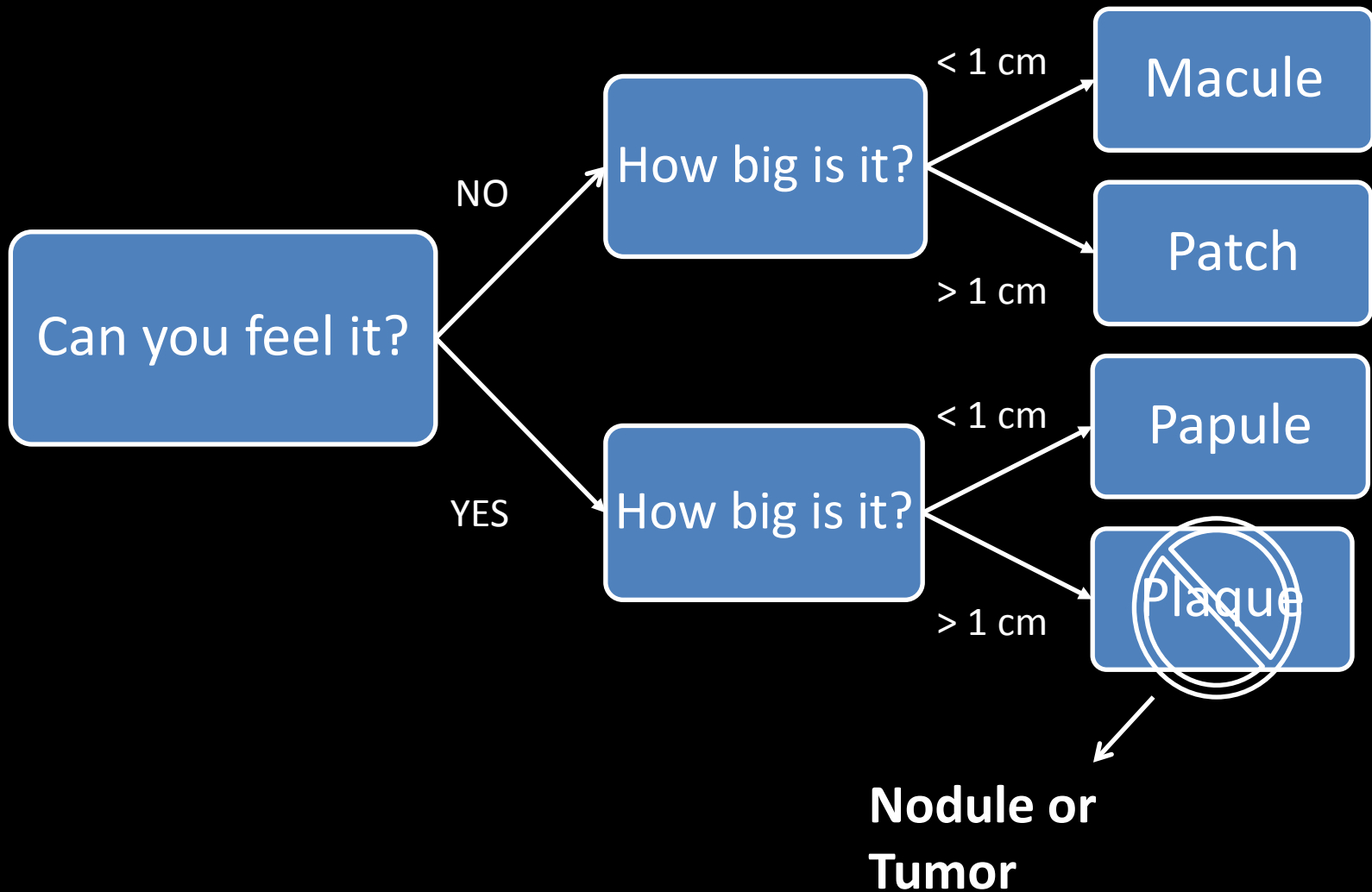
Reviewing Skin Findings

Reviewing the Lingo

- Primary Lesion
- Size
- Color
- Secondary Changes
- Anatomic Location

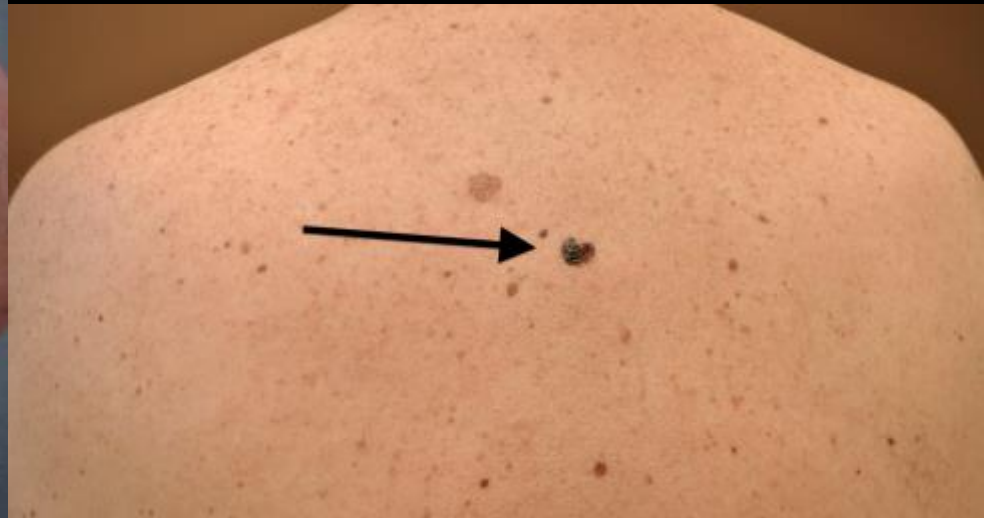


What is the primary lesion?



Common benign skin lesions

Pattern Recognition



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

<http://1.bp.blogspot.com/-Y4N-HDxoOM0/UNK14Ay6H2I/AAAAAAAAABFY/nrCZysoSbNQ/s1600/Melanoma+1.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 Nevi
 - Called “dysplastic” histologically



PRE-MALIGNANT SKIN LESIONS

Actinic Keratosis



<http://dermis.net>

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



<http://dermis.net>

Squamous Cell Carcinoma

- 2nd 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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