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## How To Confidently Diagnose Benign Skin Lesions

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**SIX common benign conditions** that can usually be diagnosed without a biopsy:

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### Seborrheic keratosis



- Well-circumscribed, stuck-on appearance
- Waxy texture
- Verrucous surface
- Variable color, thickness
- May have crumbly, granular, yellow scale
- Horn cysts, keratin plugs
- *Less classical features:* pruritus, inflammation, irritation, rapid growth, or bleeding

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### Sebaceous hyperplasia



- Yellow papule
- Donut-shape
- Central umbilication
- Telangiectasia
- Usually multiple
- Causes: actinic damage and cyclosporine

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### Chondrodermatitis nodularis



- Scaly papule on ear, usually helix
  - Painful, especially when sleeping
  - Probably arises from sun-induced degenerative changes to the ear and cartilage
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### **Dermatofibroma**



- Skin-colored to brown papule or nodule
- Firm, indurated texture
- Extremities
- Female > Male
- Dimple sign

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### **Blue nevus**



- Dark blue-gray macule or papule
- Well-circumscribed
- Melanin localized to dermis
- Common on nose and scalp

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### **Fibrous papule of the nose**



- Skin-colored to pink smooth papule
- Usually 2-3 mm
- Asymptomatic
- Also known as angiofibroma

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### **Principles for managing benign skin lesions**

- Even if patients don't specifically ask, they ARE worried about cancer.
- If you decide to leave the lesion alone, then emphasize to the patient that if the lesion changes, the patient should return for re-evaluation.
- When in doubt, biopsy or refer.