Lumps and Vascular
A 68-year-old man with a 4-year h/o a lump over his forehead

• Name some differentials?
  - Lipoma
  - Osteoma

• How would you treat it?
  - Surgery only if symptomatic or patient requests
A 44-year-old man with a 6-month h/o of a lump over his left shoulder

- Name some differentials?
  - Lipoma
  - Sebaceous cyst
  - Sarcoma – any lump more than 5 cm in diameter (size of a golf ball)

- What are the principles of managing this patient?
  - USS
  - MRI
  - Depends on above
Dercum’s disease
A 26-year-old woman with a long standing lump over her left eye

- What questions would you ask?
  - Duration?
  - Present since birth?
  - Trauma?
  - Pain?
  - Visual symptoms?

- What is the most likely diagnosis?
  - Dermoid cyst

- Name some differentials?
  - Lipoma
  - Sebaceous cyst
What are the types of dermoid?

- **Congenital**
- **Acquired**

Where do they arise?

- **Congenital (usually single)**
  - Midline
  - Sites of embryological fusion
- **Acquired (could be multiple)**
  - Anywhere but usually in areas of trauma such as inter-digital cleft in hairdressers (inclusion dermoid)

What are the principles of managing this patient?

**Investigate:** Most appropriate investigation – USS; other - MRI
**Offer surgery if indicated.**
What are the differences between these two scars?

- Keloid
- Hypertrophic scar
- Scar from an acne on the chest
- Scar following CABG
<table>
<thead>
<tr>
<th>FEATURE</th>
<th>HYPERTROPIC SCARS</th>
<th>KELOID</th>
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</thead>
<tbody>
<tr>
<td>Borders</td>
<td>Confined to the borders of the original scar</td>
<td>Outgrows wound (scar) area</td>
</tr>
<tr>
<td>Incidence</td>
<td>Usually develop in the weeks after injury</td>
<td>Can develop up to 1 year later</td>
</tr>
<tr>
<td>Site</td>
<td>Usually in the flexor surfaces</td>
<td>Predilection for sternum, shoulder and earlobes</td>
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<tr>
<td>Age group affected</td>
<td>Any age</td>
<td>Children and young adults; increase in size may be seen during puberty and pregnancy</td>
</tr>
<tr>
<td>Aetiology</td>
<td>Usually related to wound tension, wounds crossing tension lines</td>
<td>Unknown</td>
</tr>
<tr>
<td>Racial predisposition</td>
<td>Not race related</td>
<td>Non-whites &gt; whites</td>
</tr>
<tr>
<td>Genetic</td>
<td>No relation</td>
<td>Possible genetic link</td>
</tr>
<tr>
<td>Biochemical</td>
<td>Less collagen</td>
<td>More collagen</td>
</tr>
<tr>
<td>Natural progression</td>
<td>May subside with time and responds to conservative treatment</td>
<td>Rarely subsides; No treatment is proven to be effective. Recurrence is common after surgical excision</td>
</tr>
</tbody>
</table>
A 38-year old man presents with a 2-year h/o of a gradually enlarging mass

• What is the most likely diagnosis?
  – Lipoma

• Name some differentials?
  – Ganglion
  – Vascular / AV malformation

• How would you treat it?
  – Most appropriate investigation – USS; other - MRI
  – Depends on above
D/D: Radial artery aneurysm/pseudo-aneurysm; AV malformation; abscess
A 49-year-old man presents with a 3-year history of a lump over his abdomen

- What is the most likely diagnosis?
  - Incisional hernia
- Name some differentials?
  - Lipoma
  - Divarication of the recti
- What simple examination will clinch the diagnosis?
  - Cough impulse
A 72-year-old man presents with a 10-year history of a lump over his abdomen

- What’s the diagnosis?
  - Divarication of the recti

- How would you confirm it?
  - Lifting head and flexing hip simultaneously
A 44-year-old man presents with these lesions of long standing duration

• What is the diagnosis?
  – Neurofibroma

• What are the associations of this condition?
  – NF1
  – NF2
  – MEN Type 1
  – MEN Type 2
A 54-yr old farmer presents with a 2-year history of ‘tightening in his palm’

What’s the diagnosis?
Dupuytren’s disease
All the following are risk factors for Dupuytren’s disease except:
A. Race – Northern European extraction (Viking)
B. Male sex
C. Diabetes
D. High serum lipids
E. Positive family history

Commonly quoted but NO EVIDENCE:

- Alcoholic liver disease
- Epilepsy
- Phenobarbitone
- Cigarette smoking
- Vibrating tools

Ans: D
What are the things you will examine in the hands?

- Nodules
- Pits
- Cords
- Previous scars
- Digits affected
- Degree of contracture
- ‘Table top’ test
- Dorsum of hand – PIPJ (Garrod’s nodules/Knuckle pads)

Where else would you consider examining?

- Plantar fibromatosis (Ledderhose disease)
- Penile fibromatosis (Peyronie disease)
How would you treat this condition?
• Explain
• Reassure
• Advice

Conservative:
• Physiotherapy
• Splintage

NEWER MODALITY:
Clostridial Collagenase (Xiaflex)

Surgical:
• Fasciotomy (needle/open) (needled fasciotomy is called needle aponeurotomy)
• Fasciectomy (limited or segmental)
• Dermofasciectomy
• Amputation
A 64-year-old sailor presents with a 4-month h/o of a lesion over his right cheek

- What questions will you ask?
- Name some differentials?
  - Keratoacanthoma
  - SCC
- How would you manage this lesion?
  - Wait and watch
  - Surgery
58-yr woman with a six year h/o of a mole in her right shin

- What questions will you ask the patient?
- What else would you examine?
  - Lymph node basins
  - Abdomen
- What would you do now?
  - Investigate
  - Treat
Malignant melanoma

The "ABCDEFGH" of malignant melanoma:

A. Asymmetry
B. Bleeding
C. Colour variegation
D. Diameter expanding
E. Elevation
F. Further things – ulceration, satellite lesions

G. Greater than 6 mm
H. Halo
I. Irregular borders and itching
Management of melanoma

• Surgery +/- Radiotherapy

• Chemotherapy in advanced disease

As a rule of thumb:

For biopsy proven MM: 1-2 cm margins (depending on Breslow depth)

• Lymph node dissection if appropriate – consider sentinel node biopsy
Vascular and Ulcers
60-yr-old woman with a 2-year h/o of ulceration over her right medial malleolus

• What questions would you ask?
• What is the most likely diagnosis?
  – Venous ulcer
• Name some differentials
  – Arterial
  – Pressure
  – Diabetic
• How would you manage this patient?
  – Rest
  – Elevate
  – Control infection
  – Moisturise
  – Compression bandage (single most important)
Graduated compression bandages

Is there anything you wish to do before instituting this treatment?
What are these conditions and where is it seen?

- **Haemosiderin deposition**
- **Lipodermatosclerosis**
- **Atrophic blanche**
- **Inverted ‘Champagne bottle’ leg**
59-yr-old man with a 6/12 h/o ulceration over the anterior aspect of his ankle

- What is the most likely diagnosis?  
  - Arterial ulceration
- What skin changes would you expect in a patient with arterial disease?  
  - Dusky, shiny skin  
  - Loss of hair  
  - Cool to touch  
  - Brittle nail / opaque nail  
  - Loss of nail
- What history will you focus on?  
  - Smoking  
  - Systemic arterial disease  
  - Intermittent claudication  
  - Rest pain  
  - Other sites of ulceration
• What investigations would you consider?
  – ABPI measurements
    • 1.1 – 0.9: Normal
    • 0.9 – 0.7: Intermittent claudication
    • 0.7 – 0.5: Rest pain
    • 0.5 – 0.3: Critical ischaemia

• Name some modifiable risk factors?
  – Hypertension
  – Smoking
  – Hyperlipidaemia
  – Diabetes
  – Obesity

• When would you operate?
  – Non-healing / recurrent ulcer
  – Supervening infection
  – Progression of disabling claudication
  – Rest pain
  – Gangrene
71-yr-old man has developed this over the last four months

- What’s the most likely diagnosis?
  - **Dry gangrene**

- What disease(s) may be associated with this?
  - **Diabetes**
  - **PVD**
  - **Conditions causing vasculitis**

- How would you treat this?
  - **Prevent infection**
  - **Allow to autoamputate**
A 67-yr-old man is admitted to the vascular ward with this rapidly deteriorating condition.

- What is the most likely diagnosis?  
  - Wet (moist) gangrene

- How would you treat this?  
  - Control proximal spread of infection  
  - Control sepsis  
  - Consider improving peripheral circulation
63-yr-old man with a 8-month h/o of ulceration in his right foot and toes

- What is the most likely diagnosis?
  - Diabetic ulcer

- What investigations would you consider?
  - FBC / U&Es
  - Blood glucose
  - HbA1c
  - X-ray
  - Doppler / Duplex /Angiogram

- How would you manage this patient?
  - Good glycemic control
  - Prevent supervening infection
  - Pressure relief
Other aetiologies

- Pressure Ulcers
- Ulcers secondary to connective tissue diseases
- Necrobiosis lipoidica diabeticorum
- Trauma
- Drug induced
- Marjolin’s
Exam Clues

Venous

- Varicose veins
- DVT
- Past h/o surgery
- Occupation that involves standing for long-duration
- Medial gaiter area
- Sloping edges
- Pigmentation
- Eczema
Exam Clues

Arterial

- Smoker
- General arterial disease – e.g., angina, previous MI
- DM, Vasculitis, Sickle cell, pyoderma gangrenosum
- Intermittent Claudication; Rest pain
- Dorsum of foot, tips of toes / between toes, lateral malleolus
- Skin and nail changes
- Gangrene
Diabetic Ulcer

- Altered sensation in feet / neuropathy
- Ulcers on tips of toes and feet (usually sole and pressure areas)
- Elevated blood glucose / glycosylated Hb (HbA1c) level / diabetic history
- Renal compromise / visual problems
Thank you!