

Skin Problems: Moles and Cysts

Dr. Eric Stelnicki & Dr. Essie Yates at the Atlantic Center of Aesthetic & Reconstructive Surgery, make it their goal to safely remove skin lesions. Some skin problems are unsightly, cause discomfort or hold potentially dangerous cells. They treat these issues in a painless procedure while paying close attention to yielding the most aesthetically pleasing outcome as possible.

Common conditions treated:

- Moles/nevus
- Viral warts
- Molluscum contagiosum
- Sebaceous cysts
- Dermoid cysts
- Lipomas
- Skin tags
- Chalazions

What is a mole or a nevus?

Moles are a discoloration or irregularity in the skin that develop from cells called melanocytes. Melanocytes are responsible for producing the pigment of the skin. Moles vary in color; they may appear pink, red, yellow, blue, brown, or black. Other features of a mole include being raised, smooth, or hairy. They vary in size and can be found anywhere on the skin. Moles at birth occur in one in every one hundred births.

Often, moles pose no threat to health. However, other times moles may be precancerous or cancerous, requiring immediate surgical treatment in order to prevent serious medical repercussions.

If ever any new growth or changes arise on your child's skin, we strongly recommend that it be promptly evaluated by a dermatologist.

What is the cause of a mole or nevus?

Moles may be present at birth (congenital) or appear later in life (acquired) because of exposure to the sun.

What is an atypical mole?

An atypical mole (or dysplastic nevus) has the tendency to develop into a serious type of cancer that can pose serious health risks.

How is mole diagnosed?

Moles may be diagnosed clinically during a physical examination, or via a procedure called a biopsy during which part or all of the lesion is removed and then later its contents examined under a microscope.

How is a mole treated?

If a mole is deemed precancerous or cancerous then it is treated with surgical excision. Excising the lesion may be done by scalpel, cauterization, and/or newer technologies such as lasers in a sterile operating room. Anesthesia is in order to keep the patient still during the procedure to get the best outcome with the excision and scarring afterward. Stitches may be used to join the edges together. Antibiotics are given during the surgery in order to prevent infection. The specimen is then examined underneath a microscope to form a diagnosis and determine the path of the treatment.

Sometimes, a staged surgical excision (where the mole is not removed all at once initially) is recommended in order to preserve the integrity of the skin surrounding the mole. Another option for gaining new skin growth to aid in the quantity of surgeries in the case of a large lesion is placement of a tissue expander.

What should be expected after the surgery?

Post-operatively, a dressing may be placed over the stitches. It is important that this dressing be kept clean, dry, and intact for the first 72 hours following surgery. Under the dressing, stitches may be present and are typically the dissolvable type. Sometimes, antibiotics are prescribed in order to prevent infection from occurring. In some cases, pain medication is also prescribed, but most procedures are adequately treated with over-the-counter Children's Tylenol. We advise no sports or swimming for two weeks after the procedure to aid in healing. The bandage and/or stitches may be removed (if it has not already come off) or trimmed at the post-operative visits.

After a mole excision, there may be some mild pain at the surgical site, itchiness, and numbness. Mild pain may take 1-2 weeks to subside, while itchiness and numbness may take several weeks to subside as the skin heals.

Complications are uncommon after excision of a skin lesion. But the most frequent complications after surgery include scarring. Scarring is inevitable anytime there is a cut or trauma of any kind to the skin. Some scars are barely if at all visible while some scars are disfigured, red, dark, or raised and/or form a keloid. It is of special importance to be

proactive with preventing, caring, and treating scars. Scar treatment recommendations may include sunscreen, scar bandages such as silicone sheeting, scar creams or gels, and/or a scar massage.

Infection is another complication that may be seen after surgery. Signs and symptoms of infection include fever, swelling, pus drainage, pain, and redness. However, some of these signs and symptoms are normal to an extent. If there's any concern, our office should be contacted immediately. Infections resolve typically with medical treatment of oral and/or topical antibiotics.

What is a dermoid cyst?

A dermoid cyst is a common, noncancerous tumor that occurs while a baby is in utero. They are typically present at birth, but they grow very slowly and may not present for many months or years after birth. These cysts usually form on the face near the eyebrow, forehead or scalp and appear as a nontender, skin-colored lump. Dermoid cysts may become infected over time or may burst, thus it is prudent to have them removed. Also, a child may not like the appearance of the dermoid.

Rarely, a dermoid may become attached to underlying structures.

What is the cause of a dermoid cyst?

Dermoid cysts occur when embryonic skin cells (the cells that form structures like hair, skin, sweat glands, fat, etc) become enclosed in sac during fetal development.

How is **dermoid** cyst diagnosed?

A dermoid cyst may be diagnosed clinically during a physical examination. Sometimes, a CT scan may be ordered to aid in the diagnosis. The diagnosis of a dermoid is confirmed after it is removed surgically.

How is a **dermoid** cyst treated?

The only treatment for a dermoid cyst is surgical excision. A small incision is made over the location of the dermoid, the cyst is removed, and then the skin is closed with dissolvable stitches. Anesthesia is in order to keep the patient still and pain-free during the procedure. Antibiotics are given during the surgery in order to prevent infection. The specimen is then sent to the lab for evaluation.

What should be expected after the surgery?

Post-operatively, a dressing may be placed over the stitches. It is important that this dressing be kept clean, dry, and intact for the first 72 hours following surgery. Under the

dressing, stitches may be present and are typically the dissolvable type. Sometimes, antibiotics are prescribed in order to prevent infection from occurring. In some cases, pain medication is also prescribed, but most procedures are adequately treated with over the counter Children's Tylenol. **We advise no sports or swimming for two weeks after the procedure to aid in healing.** The bandage and/or stitches may be removed (if it has not already come off) or trimmed at the post-operative visits.

After a dermoid excision, there may be some mild pain at the surgical site, itchiness, and numbness. Mild pain may take 1-2 weeks to subside, while itchiness and numbness may take several weeks to subside as the skin heals. Dermoid cysts do not tend to recur after they have been removed.

Complications are uncommon after a dermoid is removed. The incision after a dermoid is removed tends to blend in very nicely along the brow line, thus scarring is typically minimal. Scarring is inevitable anytime there is a cut or trauma of any kind to the skin. Some scars are barely, if at all visible, while some scars are disfigured, red, dark, or raised and/or form a keloid. It is of special importance to be proactive with preventing, caring, and treating scars. Scar treatment recommendations may include sunscreen, scar bandages such as silicone sheeting, scar creams or gels, and/or a scar massage.

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What is a sebaceous cyst?

A sebaceous cyst (pilomatrixoma) can be found anywhere on the skin and may feel like a hard or soft sac that is movable within the skin. They may be big or small, tender or nontender, increasing in size or consistent in size.

If ever any new growth or changes arise on your child's skin, we strongly recommend that it be promptly evaluated by a dermatologist.

What is the cause of a sebaceous cyst?

Sebaceous cysts may arise for seemingly no reason, be caused by a small blockage of a sweat or hair gland, infection, or conditions like hidradenitis suppurativa.

How is a sebaceous cyst diagnosed?

Sebaceous cysts may be diagnosed clinically during a physical examination and/or after surgery has been performed to remove it.

How is a sebaceous cyst treated?

A sebaceous cyst is removed by making a small incision in the skin over the location of the cyst, removing the cyst, its capsule, and its contents, and then closing the incision with dissolvable stitches. Anesthesia is in order to keep the patient still during the procedure to get the best outcome, with the excision and scarring afterward. Antibiotics are given during the surgery in order to prevent infection. The specimen is then examined underneath a microscope to form a diagnosis and determine the path of the treatment.

What should be expected after the surgery?

Post-operatively, a dressing may be placed over the stitches. It is important that this dressing be kept clean, dry, and intact for the first 72 hours following surgery. Under the dressing, stitches may be present and are typically the dissolvable type. Sometimes, antibiotics are prescribed in order to prevent infection from occurring. In some cases, pain medication is also prescribed, but most procedures are adequately treated with over the counter Children's Tylenol. We advise no sports or swimming for two weeks after the procedure to aid in healing. The bandage and/or stitches may be removed (if it has not already come off) or trimmed at the post-operative visits.

After a sebaceous cyst excision, there may be some mild pain at the surgical site, itchiness, and numbness. Mild pain may take 1-2 weeks to subside, while itchiness and numbness may take several weeks to subside as the skin heals.

Complications are uncommon after excision of a sebaceous cyst. But the most frequent complications after surgery include scarring. Scarring is inevitable anytime there is a cut or trauma of any kind to the skin. Some scars are barely if at all visible while some scars are disfigured, red, dark, or raised and/or form a keloid. It is of special importance to be proactive with preventing, caring, and treating scars. Scar treatment recommendations may include sunscreen, scar bandages such as silicone sheeting, scar creams or gels, and/or a scar massage.

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