Minor surgery for skin lesions



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The Mirabel Clinic **01793 321180**

Welcome to Mirabel Clinic

Minor surgery for skin lesions

Welcome to Mirabel Clinic, where we specialize in minor skin surgery procedures to address a range of skin lesions. Led by the experienced Dr. Abi Smail, MBBS, BMedSci, MECGP, DRCOG, DFSRH, our clinic offers expert care and a variety of treatment methods tailored to your specific needs.

At Mirabel Clinic we cover a wide array of skin conditions, including Cherry Angiomas, Dermatofibroma, Epidermoid Cysts, Lipomas, Moles, Pyogenic Granulomas, Sebaceous Hyperplasia, Seborrhoeic Keratosis, Skin Tags, and Solar Lentigos. Dr. Smail and our team of experts are dedicated to providing safe and effective solutions to enhance your skin's health and appearance.

Details of treatments we provide for minor skin surgery can be found on the following pages:

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Cherry Angioma

An Angioma or Cherry Angioma describes a benign vascular lesion, which happens due to proliferating endothelial cells (cells that line the inside of a blood vessel). Cherry Angiomas are true capillary Angioma and these have many synonyms, including the most commonly used Campbell De Morgan spots.

Who can get Cherry Angiomas?

Angiomas, including Cherry Angiomas can happen very early in life (these are known as Infantile Angiomas) or later on in life. Cherry Angiomas are the most common forms of Angiomas.

What are the causes?

The causes of Cherry Angiomas are relatively unknown, but in most cases they are thought to arise due to a genetic predisposition.



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Dermatofibroma

Dermatofibroma is a benign fibrous nodule, found usually, but not exclusively, on the skin of the lower legs. It is a common condition and can also be known as Cutaneous Fibrous Histiocytoma.

Who can get Dermatofibroma?

Dermatofibroma is most usually seen in adults. It can appear in people from every race and ethnicity and are more common in women than in men.

What are some of the causes of Dermatofibroma?

- Minor trauma such as injections, insect bites or a rose thorn injury
- Immunosuppression
- Autoimmune conditions



Epidermoid cyst

An Epidermoid Cyst (also known as a sebaceous cyst) is a harmless, encapsulated, sub-epidermal nodule which is filled with benign keratin material. These cysts are commonly located on the face, neck, scalp and mid thorax area of the body, but can be found anywhere, such as the fingers, genitalia, scrotum and also the buccal mucosa.

Who can get an Epidermoid Cyst?

Epidermoid Cysts most commonly occur in adults. In most cases, when young, to middle- aged. They occur twice as frequently in men than women.

What are the causes?

An Epidermoid Cyst tends to be caused when the skin cells move under the skin's surface, or are covered by it, instead of shedding away. The epidermal cells continue to multiply as in normal skin function, but form a wall which surrounds themselves (the cyst itself), and secrets keratin, a normal skin fluid.



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Lipoma

A Lipoma is a benign tumour which is comprised of fat cells. It slowly increases in size, under the skin, if not treated. A person can have one single Lipoma or may have several. Many people only notice their Lipoma when it has grown large enough to become visible and palpable. This can take several years. Some features of a Lipoma include:-

- A dome or egg-shaped lump, around 2 to 10cm in diameter or larger
- Soft and smooth to the touch and easily moved by the fingers beneath the skin
- It might feel 'doughy' or 'rubbery'
- Commonly seen on the neck, shoulders, arms and the trunk, but can appear anywhere on the body where fatty tissue may be present

Some Lipomas can feel painful when applying pressure to them. A painful or tender Lipoma is usually called an Angiolipoma. Painful Lipomas can also be a feature of Adiposis Dolorosa (Dercum Disease).

Who can get a Lipoma?

Lipomas are very common and people of all ages can get them, although they tend to develop in adulthood more commonly and are most noticeable during middle-age. Multiple Lipomas appear more frequently in men.

What are the causes?

The cause of Lipomas is unknown, although it is possible that genetics can play a part in their development, as many patients who experience them come from a family with a history of these growths. Sometimes an injury, such as blunt force trauma to a part of the body can trigger a Lipoma tumour.



Moles

Moles (or Melanocytic Naevus) are common, benign skin lesions which appear due to the local gathering of pigment cells (melanocytes) on the skin. They are sometimes referred to as Naevocytic Naevi or simply 'Naevi', however, it's important to recognise that there are other types of Naevi. Moles can be present at birth or can appear later on in life

Who can get a mole?

Around 1% of individuals are born with one or more congenital Moles. This is usually random with rare instances of familial congenital Moles. Those people with fair skins tend to have more Moles than darker skinned people. Moles that appear during childhood (from the age of 2 to 10 years old) tend to be the most prominent and persistent throughout the person's life. Moles which are acquired later in life, tend to follow sun exposure and can fade away later on.

What are the causes?

- Somatic mutations in RAS genes
- Genetic pre-disposition
- Following the use of BRAF inhibitor drugs, such as Dabrafenib or Vemurafenib
- Immunosuppressive treatments



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Pyogenic Granuloma

Pyogenic Granuloma is a benign increase in the number of capillary blood vessels on the skin or within an oral cavity. It is a form of lobular capillary angioma and is not caused by infection. Pyogenic Granuloma has many synonyms which include Granuloma Gravidarum, or Pregnancy Tumour, when it occurs during pregnancy.

Who can get Pyogenic Granuloma?

Pyogenic Granuloma often can occur in children at the age of around 6 and during teenage years, or young adulthood. The condition occurs more in male patients, apart from when oral lesions appear as a result of pregnancy or the use of oral contraceptives. It can occur in people from all races and ethnicities.

What are the causes?

- Recent minor trauma or chronic minor irritations
- Hormonal changes or influences e.g. the use of oral contraceptives
- Medications such as oral retinoids or protease inhibitors and immunosuppression
- Infection (Staphylococcus aureus is frequently detected)
- Poor or compromised dental hygiene



Sebaceous Hyperplasia

Sebaceous Hyperplasia is a condition where the sebaceous glands on areas such as the forehead or cheeks become enlarged. The result is the appearance of small, yellowish bumps up to 3mm in diameter. On close inspection, a central hair follicle, surrounded by yellow-coloured lobules can be seen and there are also prominent blood vessels which can be seen, using dermoscopy. The condition is harmless but can sometimes be confused with Basal Cell Carcinoma.

Who can get Sebaceous Hyperplasia?

Sebaceous Hyperplasia happens mostly in middle-aged or older people and can be more prevalent in those who are immunosuppressed, for example, someone who has recently undergone organ transplantation. People with fair skin and excess sun exposure are more predisposed too.

What are the causes?

- Clogged hair follicles due to too many or overactive sebaceous glands that produce excess oil
- Genetics



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Seborrhoeic Keratosis

Seborrhoeic Keratosis appears as benign warty spots, usually presenting during adult life and a common sign of skin ageing. Some people can have hundreds of them anywhere on the face or body. Seborrhoeic Keratosis can also be referred to as SK, basal cell papilloma, brown wart, senile wart, wisdom wart or barnacle.

Who can get Seborrhoeic Keratoses?

Seborrhoeic Keratoses are extremely common in adults and it has been estimated that over 90% of people over the age of 60 have one or several of them. They can occur in men or women of all races and ethnicities. They usually start to be seen at the age of 30 or 40 and are uncommon in people under the age of 20.

What are the causes?

- Sunburn or dermatitis
- Skin friction
- Viral causes
- Solar lentigo
- Epidermal growth factor receptor inhibitors (used to treat cancer)



Skin tags

Skin Tags are very common, harmless, soft lesions which appear to hang off the skin and can be experienced by men and women as they grow older. They can be skin coloured, tanned or dark brown and usually range in size from 1mm to 5cm. Skin Tags are mostly found on areas of the body where there are folds, such as the armpits, neck and groin, but can also appear on other areas.

Who can get skin tags?

Skin tags tend to be more numerous in people who are obese and those with type 2 diabetes. Skin Tags are essentially loosely arranged collagen fibres and blood vessels which are surrounded by a thinned or thickened epidermis. Skin lesions which can be mistaken for Skin Tags include Seborrhoeic Keratoses, Molluscum Contagiosum and Viral Warts.

What are the causes?

It's not entirely known what causes Skin Tags, however, there is a correlation with Skin Tags and the following factors:-

- Skin that rubs or chaffs together
- Insulin resistance
- Wart virus
- High levels of growth factors, especially during pregnancy or in gigantism



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Solar Lentigo

A Solar Lentigo is a patch of pigmented or darkened skin. Solar Lentigos are flat and well circumscribed. They can appear as round, oval or irregular shapes and their colour can vary from skin-coloured or tanned, to dark brown or black. Their sizes can vary from a few millimetres to several centimetres in diameter and their texture can be slightly rough or scaly.

Who can get a Solar Lentigo or Lentigines?

Solar Lentigos (or Lentigines) are very common and quite harmless. They tend to appear more in people over the age of 40 and are sometimes referred to as 'age spots' or 'senile freckles'. Solar Lentigines are seen as groups of similar lesions on areas of the skin which has been regularly exposed to sunlight (usually the face or the back of the hands). They occur in light and dark skin, but tend to be more numerous and noticeable on fair-skinned people.

What are the causes?

Solar Lentigos or Lentigines happens as a result from exposure to ultraviolet (UV) radiation. This exposure causes local proliferation of melanocytes and an accumulation of melanin within the skin cells (keratinocytes).



Minor surgery for skin lesions at Mirabel Clinic

Our minor surgery clinics are led by Dr Abi Smail MBBS BMedSci MECGP DRCOG DFSRH. Dr Smail is a GP and has extensive experience in performing minor surgery for a variety of skin lesions.

Treatment Methods for skin lesions at Mirabel Clinic

Following an initial examination and consultation, Dr Smail will decide whether to use one of two treatment methods:

Shave or Curettage and Cautery

This process is normally used to remove lesions from the skin's surface. Using local anaesthetic and adrenaline to numb the area, the lesion is then shaved or curetted off using a derma blade, curette or scalpel. The wound is then cauterised and a sterile dressing applied. This is the preferred method for removing skin tags, Seborrhoeic Keratosis, intradermal naevi and viral warts.

Elliptical Excision

An eye-shaped excision or straight incision is used to remove the skin lesion, cyst or lipoma. Local anaesthetic and adrenaline is administered to numb the area. The lesion or cyst is then removed and stitches are used to close the wound. Sterile dressing or tape is then applied to protect the skin during the healing process.



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At Mirabel Clinic you will find a wide range of non-surgical treatments which will help you to restore, enhance and maintain naturally youthful looks.

We specialise in cosmetic dermatology, skin rejuvenation techniques, anti-wrinkle injections, IPL and laser treatments. These treatments help with wrinkles, age spots, facial blemishes, ageing skin, acne and hair removal.

With our no obligation, complimentary consultations, you get to see the clinic, meet the practitioner and ask any questions before deciding to have any treatment.



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