

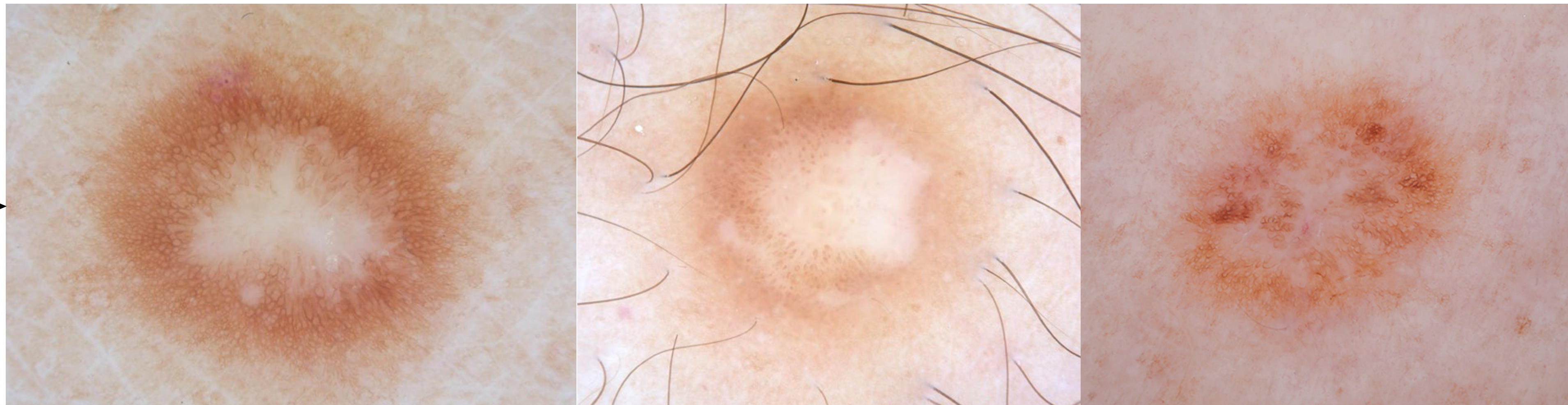
- Common benign skin tumors that present as firm, pink to light brown or dark brown, single or multiple firm papules with a smooth surface.
- Sometimes attributed to trauma in some pt's.
- Usually found on the lower extremities.

Dermatofibroma

Disclaimer:
Read the disclaimer at medimaps.co.uk/disclaimer
References:
1. An Introduction to Dermoscopy, Cardiff university
2. Pocket Guide to Dermoscopy
3. pcids.co.uk
4. OnMedia.com
5. Dr George Moncrieff multiple lectures.

- Can have different appearances.

Classic:
- Fine subtle pigment network at the periphery with a white scar like centre (left image).
- Proliferation of fibroblasts gives ivory white centre.
- Post inflammatory hyperpigmentation gives network pattern at periphery.
- Peripheral network is sometimes replaced with small regular brown globules (right image).
- Ring-like or donought-shaped globules usually in area between white centre and peripheral network.
- Shiny white linear streaks that are often oriented parallel or at right angles to each other (use polarised light).
- Very firm.
- Dimples inwards when squeezed on lateral edges.



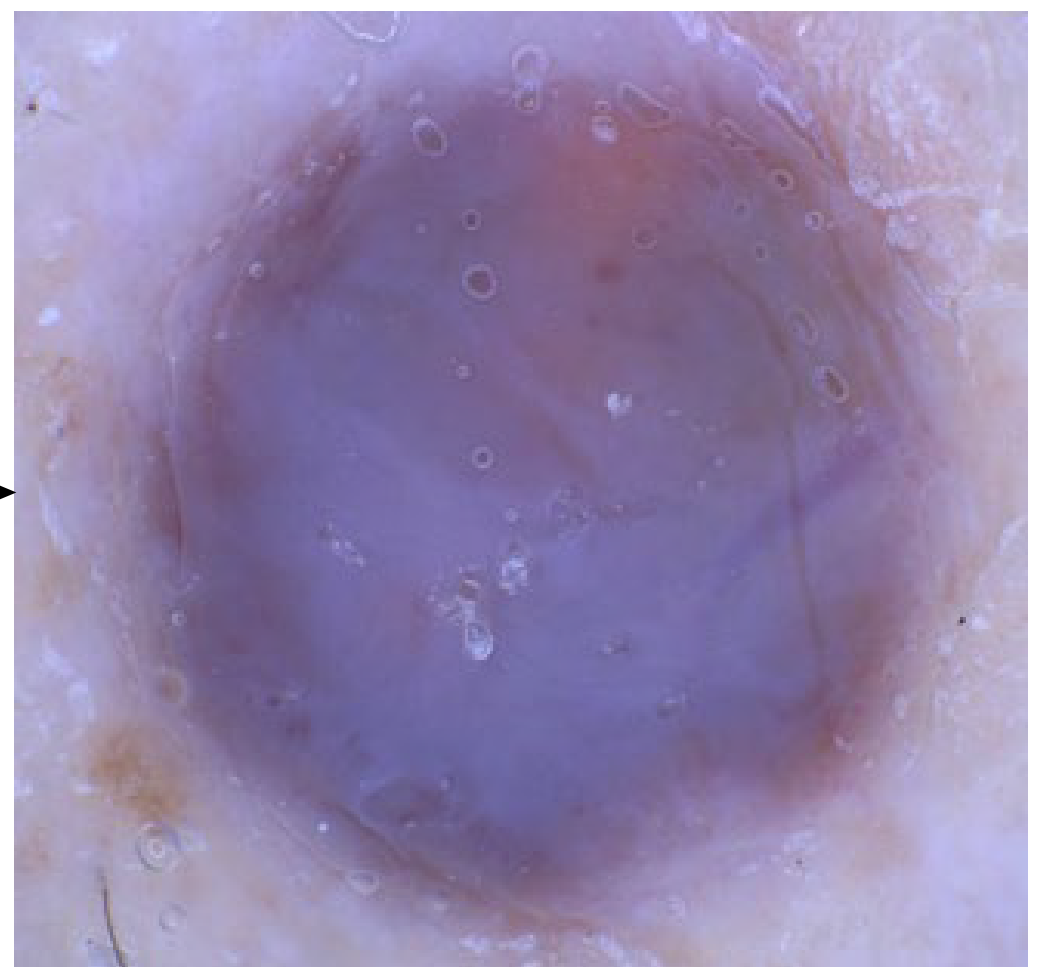
- RULE:
- Dotted vessels should make you think of melanoma.
- So referring to derm is reasonable option if not confident.

- If less pigmented can show dotted vessels and the central white patch shows an inverse/negative network i.e. white network lines over a pinkish network.



- RULE:
- All haemosiderotic dermatofibroma must be excised.

Haemosiderotic:
- Multi-component pattern.
- Central bluish or homogenous area.
- White structures.
- Peripheral delicate brown network.
- The above features could also be due to a melanoma.



Atrophic:
- Atrophic red to grey macule.

