
Skin Tumours

Adel Kameel Morid

In this essay we have studied the skin tumours. A concise classification of all skin tumours is given, together with an introduction to the skin tumour, embryology, anatomy and function of the skin. The skin tumours classified on histological and embryological basis into three main groups the First group is the tumours arising from epidermis which includes tumours arising from the surface epidermis, epidermal appendages, pilar (hair) structures, sebaceous glands, apocrine sweat and eccrine sweat glands. The Second group is the tumours arising from the Melanocyte system which includes also the tumours arising from naevus cells, Malignant melanoma and the tumours arising from melanocytes as epidermal melanocytes and Dermal melanocytes. The Third group is the tumours of mesoderhal origin and includes tumours arising from connective tissue cells, vascular tumours and tumours arising from muscle, bone and fat cells. The study includes Benign, and malignant skin tumour for each group. The visceral carcinoma metastatic to the skin is included in the study either cutaneous metastasis from carcinoma of the breast or from carcinoma other then the breast. These tumours, characterized by being infrequent and rare in literature, are studied in respect of their detailed pathological and clinical features, and the various lines of treatment for each tumour is discussed. Indeed most of these tumours are aggressive in their behaviour and resist treatment. The definitive treatment necessitates an early pathological diagnosis, based on histologic examination of a suitable part of the tumour which could be obtained by punch, incisional, excisional, shave and curettage biopsy. The proper treatment is the surgical treatment in the form of electrosurgery, excisional surgery, shave surgery, cryosurgery, curettage and chemosurgery (MOM' technique). It is to be noted that combination of therapy is necessary to achieve the desired result. Radiotherapy has been used in some cases as initial, post-operative or as a palliative meausre when there is recurrence or metastases. Chemotherapy using cytotoxic agents have been employed in some cases. In case of recurrence or metastases the situation may justify the combined use of all lines of treatment.