

By the Name of ALLAH the Most Gracious the Most Merciful



Facial malignant and benign skin lesion.

Breast, Virchow's LN

Post mastectomy complications & care.

Neck & chest (incisions & drains).

Pneumothorax

Craniocerebral trauma.

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Facial malignant and benign skin lesion.



Benign Skin lesions

- Sebaceous cysts .
- Lipoma
- Keratoacanthoma.
- Pigmented naevus/mole.

Malignant Skin lesions

- BSC
- SCC
- Melanoma

Malignant Skin lesion

1) Basal cell carcinoma

- (Rodent ulcer).
- It does not metastasize, but can infiltrate adjacent tissues (radial).
- rare in darkskinned races.
- grow very slowly (months or years).
- Above a line drawn from the angle of the mouth to the lobe of the ear.
- Pigmented nodule then deeply eroding ulcer: the 'rodent' ulcer.
- Rolled edge ulcer (raised up and rounded but not everted).

2) Squamous cell carcinoma

- 1 or 2 months.
- enlarged lymph glands .
- Late dissemination.
- Below a line drawn from the angle of the mouth to the lobe of the ear.
- Everted ulcer and usually is a dark red-brown (vascular).
- Discharge.
- deeper structures invasion (immobile).
- L.N.
- Marjolin's ulcer.

3) Malignant melanoma

- The term mole or pigmented naevus is used for benign lesions and malignant melanoma for malignant lesions.
- Loss of normal surface markings (e.g. skin creases)
- Change in size, shape or thickness Change in colour
- Itching Bleeding/ulceration Halo
- Pink (inflammatory reaction) – early Brown (pigment) – late
- Satellite nodules .
- Lymphatic drainage.

Clinical types

- **Superficial spreading melanoma** is the most common variety. It may occur on any part of the body, is usually palpable but thin, with an irregular edge and a variegated colour.
- **Nodular melanoma** is thick and protrudes above the skin. It has a smooth surface and a regular outline, and may arise de novo. It may become ulcerated and then often bleeds.
- **Lentigo maligna melanoma** is a malignant melanoma arising in a patch of Hutchinson's lentigo. The malignant areas are thicker than the surrounding pigmented skin, usually darker in colour, but seldom ulcerate.
- **Acral lentiginous melanoma** is a rare type of malignant melanoma but important to remember because it is often misdiagnosed as a chronic paronychia or a subungual haematoma. It presents as an irregular, expanding area of brown or black pigmentation on the palm, the sole or beneath a nail.
- **Amelanotic melanoma**

- 1-BEAST EXAMINATION.
- 2-BREAST BENIGN AND MALIGNANT
MASSES.
- 3-SUPRACLAVICULAR LYMPH NODE
ENLARGEMENT.

Breast

- Local examination (Breast & axilla).
- General exam.
- Signs of metastasis.
- Lt Lymph node of Virchow (Troisier's sign)



Most probable complaint :

- Mass (breast / axilla)
- Pain and tenderness
- Areolar discharge .

Breast examination

- Skin, glandular tissue, areola and nipple .
- Local examination
- Inspection.
- Palpation.
- Axillary lymphatic drainage.
- Supraclavicular L.N.
- Lymphedema.
- Signs of metastasis.

Accessory breast.

Duct ectasia

Breast abscess

Fibroadenoma

Adenocarcinoma (lobular & ductal).

Paget's disease of the nipple.

Gynaecomastia

Differentiation between benign Vs. Malignant lesion.

BENIGN LESION

- Well defined margin.
- Regular shape.
- Smooth surface
- Freely mobile.
- Not metastasize.

MALIGNANT LESION

- Ill defined edge.
- Irregular shape.
- Coarse surface.
- Fixed to the under lying structure.
- Tethered /puckering
- Peau d'orange
- Nodules
- Ulceration
- Fistula.
- Pachet's disease of nipple.
- Nipple retraction (circumferential) .
- Metastasis (Local /axillary/systemic).

Nipple.

ECZEMA

- Nipple and breast.
- Bilateral
- Nipple intact.
- No mass.
- Respond to corticosteroid.
- CBP (eosinophilia).
- H/P (eosinophils & mast cells)

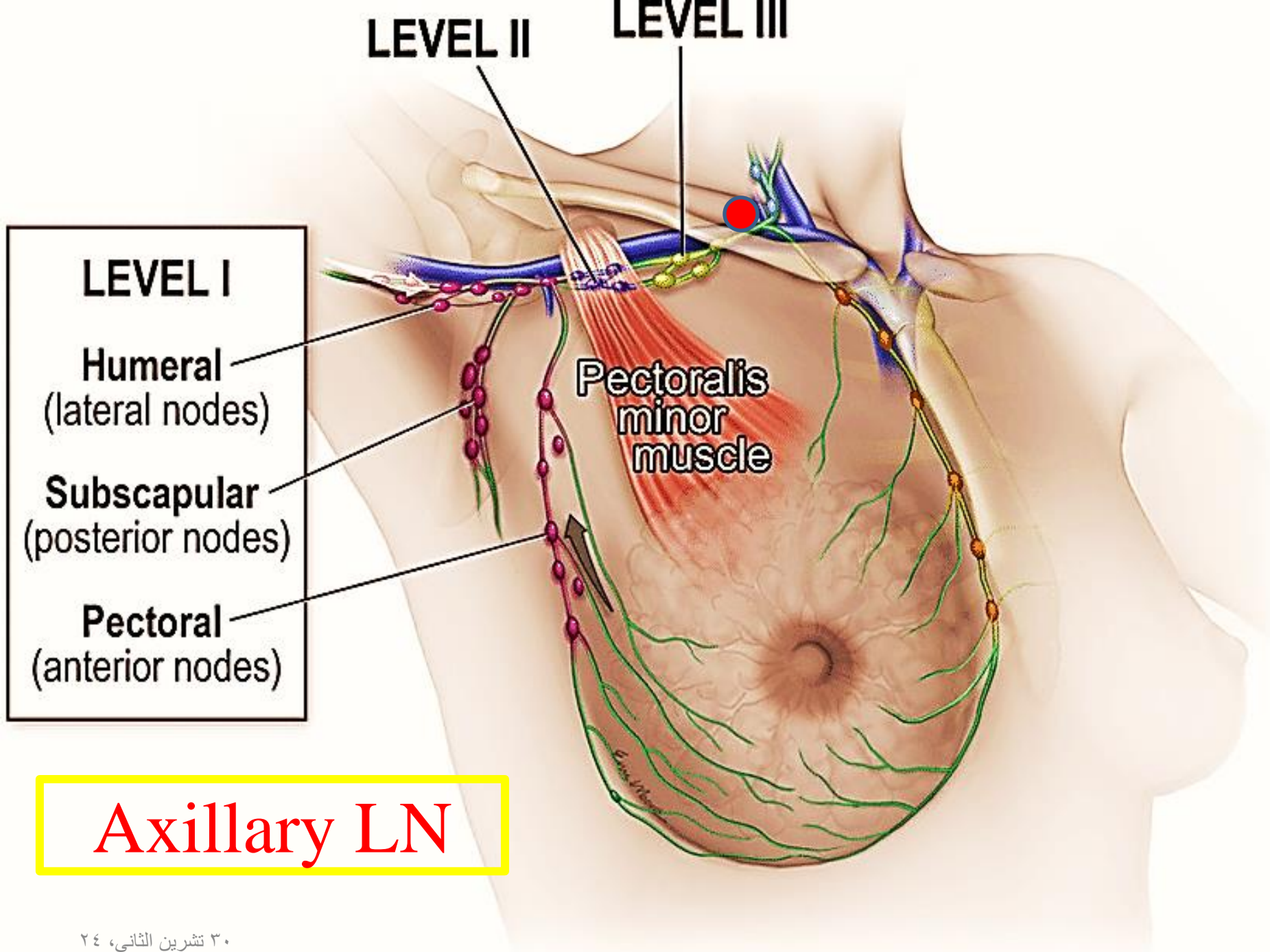
PACHET' DISEASE

- Only nipple..
- Unilateral.
- Nipple may be destroyed.
- Underlying mass.
- Not respond.
- CBP (normal).
- H/P (underlying breast CA)

Post mastectomy complications & Care .

- SSI
 - DRAIN
 - AREA INVOLVED.
-
- INFECTION
 - LYMPHEDEMA

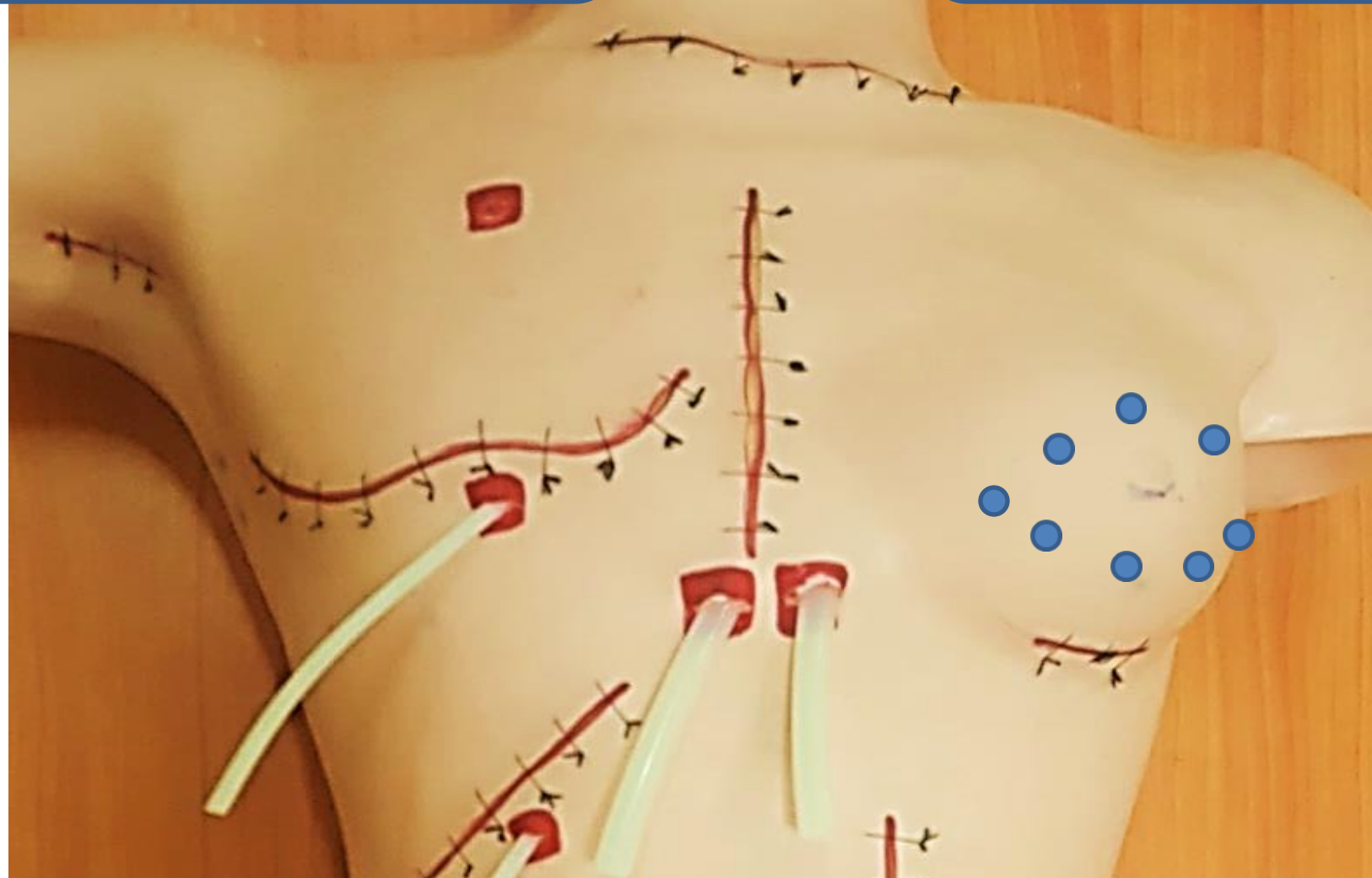




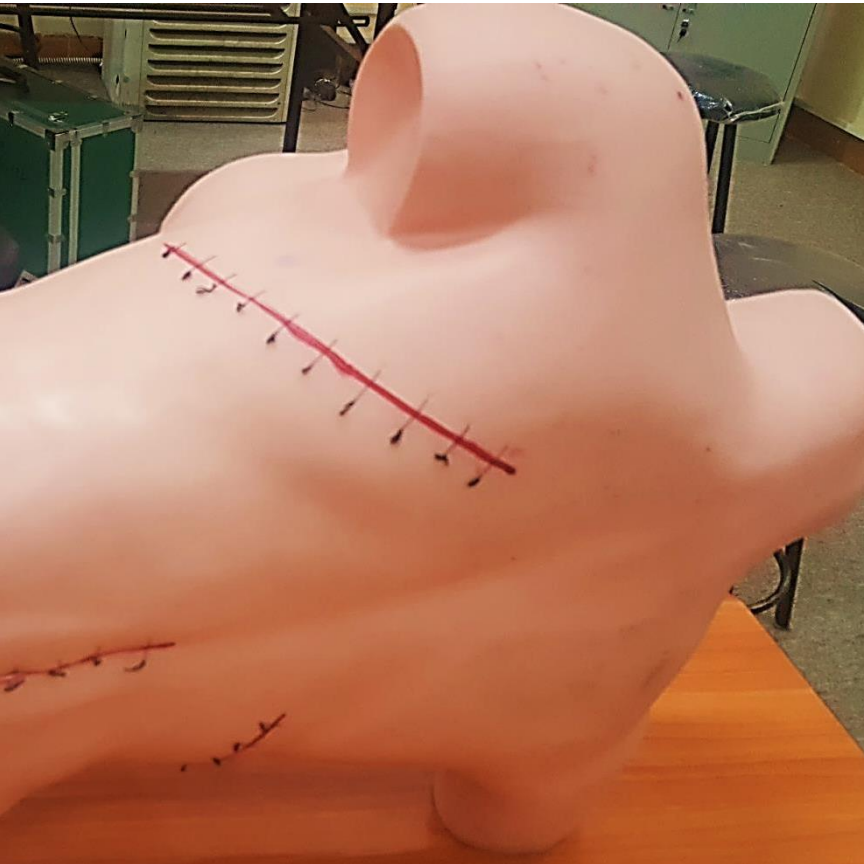
CERVICAL AND CHEST INSICIONS AND DRAINS.

Rt axillary
2nd ICS MCL (Pneumothorax)
Rt Modified Radical Mastectomy
Drain (Radivag)

Collar Incision
Sternotomy incision
Bilateral chest tube
Lt Inframammary incision



Neck & chest (incisions & drains)



Lt lateral thoracotomy

PNEUMOTHORAX TRAINING MODEL.

Pneumothorax (simple / tension)

- **Dyspnea.**
- **Cyanosis (severe)**
- **Ipsilateral limitation of chest movement.**
- **Contralateral Tracheal deviation.**
- **Contralateral apex beat deviation.**
- **Vocal fremitus.**
- **Hyper-resonant on percussion.**
- **No breathing sounds**
- **No Vocal resonant .**



Craniocerebral trauma.

- FACE
- MANDIBLE.
- SKULL BASE FRACTURE
- VORTEX
- Intracranial Hg (epidural, subdural, subarchnoid & ICH) & increased ICP.

Cranio - cerebral trauma

- ATLS (Advanced trauma life support).
- Glasgow Coma Scale (Modified).
- Vital signs examination.
- Oral and nasal cavity & external auditory canal examination.
- Cranial nerve examination.
- Intracranial Haemorrhage (epidural/ subdural/ subarachnoidal/ intracerebral with contusion and diffuse axonal injury.
- Increased intracranial pressure (Cushing's triad).
- Le-Fort fractures.
- Isolated / multiple injuries.

- Post traumatic amnesia .
- Raccoon's eyes. (anterior CN fossa fracture).
- Rhinorrhea. (anterior CN fossa fracture).
- Battle's sign. (Middle CN fossa fracture).
- Otorrhea. (Middle CN fossa fracture).



PRAISE BE TO ALLAH