

What is a facial skin lesion?

We use the term “facial skin lesion” when talking about a flaw in the skin such as a lump, crack, ulcer or discolouration, that is not normally present.

Lesions are described either as benign or malignant. Benign is used when it is harmless. It is described as malignant when it is a sign of skin cancer and is potentially dangerous. Whilst the majority of skin lesions are benign, some can be malignant and so it is important to have them checked for confirmation of diagnosis.

The commonest types of benign skin lesions

Moles on your skin are called Naevi. They are often darker in colour than the surrounding skin because they contain more pigment. Occasionally, some moles can develop into malignant melanoma especially when they are exposed to a lot of sun.

Capillary haemangiomas are also called ‘strawberry birthmarks’. They can grow larger or smaller as babies develop. They are pink or red-purple in colour due to the enlarged blood vessels.

Papillomas are similar to warts and are benign skin swellings. Seborrheic keratosis appears as yellowish or brown raised lumps usually in older people.

Fibromas are benign tumours of the skin composed of connective tissues.

The commonest types of malignant facial skin lesions:-

Basal cell carcinoma is the most common skin cancer and usually occurs as a result of sun damage.

These lesions grow slowly and do not spread to other parts of the body. Early tumours appear as clear, pearly nodules or lumps and eventually turn into an ulcer. They are often called ‘rodent ulcers’.

Squamous cell carcinoma is a potentially dangerous cancer which can spread to local lymph nodes. It can arise in both sun damaged or normal skin. It shows up as an ulcer and does not tend to spread to other parts of the body.

Malignant melanoma is a cancer that begins in the pigmented cells in the skin and is often brown or black. It can spread to other parts of the body. Melanoma is much rarer than basal cell and squamous cell skin cancers, but it is far more serious.

You should seek medical advice if you notice any changes in a facial skin lesion, such as;

- Recent growth in size
- Ulceration (turning into a sore)
- Bleeding
- Change in colour

Treatment for facial skin lesions

Treatment options will be discussed with you and are dependent on many factors including site and size of the lesion, your age, cosmetic considerations, your doctor’s recommendations and your own preferences. Several treatment options exist including;

- Surgical removal: the wound can be stitched together or covered with a flap of skin from adjacent areas. If a larger area of skin has been removed, it can be repaired with an area of skin ‘grafted’ on from elsewhere on the body.

- Curettage: scraping of the skin lesion using a sharp blade called a curette.
- Cryotherapy: freezing of the skin lesion using liquid nitrogen.
- Radiotherapy can be used in certain malignant skin lesions.

### Surgical removal of a lesion

Most patients will have their operation done under local anaesthetic as a day case. This means that only the area surrounding the lesion is anaesthetised (made numb) so that you do not feel any pain during surgery. You remain awake throughout the whole procedure although you are likely to be offered sedation if having surgery in a theatre setting. Sedation will help to relax you during the procedure.

General anaesthetic may be used if necessary; for children, or for very anxious patients. The surgeon may remove a slightly wider area of skin surrounding the lesion to make sure that nothing of concern is left behind.

### What happens after the operation?

You may have a dressing over the stitches, depending on the site of surgery. Try to keep the area dry for the first 24 hours after the operation. You may have a shower but very gently pat the area dry.

There can be some mild pain and discomfort once the local anaesthetic wears off. There is a variable amount of swelling and bruising in the first few days but that usually settles down within two weeks. You may need to take some simple painkillers (paracetamol, ibuprofen) or painkillers prescribed by the hospital. Severe pain is unlikely after this type of surgery.

### How long will I be off work?

Most people will be able to go home a few hours after the operation. If you have had sedation or general anaesthetic, you will need to remain at home for at least 48 hours following surgery and you will require someone to drive you home. You should leave a dressing on the wound if you work in a dusty or dirty environment.

### What will the scar be like?

The scar will remain visible for the first three to six months and then begins to get flatter and paler. Massaging the scar with a moisturising cream two or three times a day in the first few months can help reduce permanent scarring. The scar should be protected from direct exposure to the sun during this time.