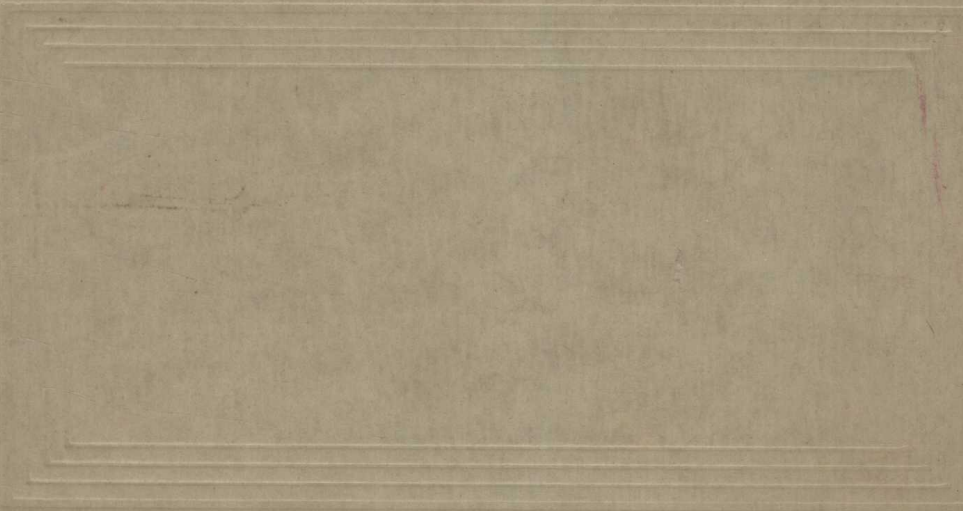


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# ATLAS OF TUMOR PATHOLOGY

Section I—Fascicle 2

## TUMORS OF THE SKIN

by

Herbert Z. Lund, M. D.

Director of Laboratories

The Moses H. Cone Memorial Hospital, Greensboro, North Carolina

Visiting Professor of Pathology

University of North Carolina, Chapel Hill, North Carolina



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Haw Chan Jung M.D. 惠贈

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Herbert Z. Lund

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# TUMORS OF THE SKIN

## INTRODUCTION

Preparation of a descriptive atlas of tumors of the skin is a difficult assignment. The number of tumors is large and, for practical purposes, it is necessary to add many tumor-like hyperplasias and malformations. Furthermore, considerations of etiology and behavior must be included, for lesions of similar histologic structure may have entirely different causes and clinical significance. The major difficulty, however, is the controversial nature of the subject. There is probably no field of oncology in which there is so much disagreement and misunderstanding about nomenclature and identification, and unfortunately there are no ready solutions to many of the problems.

The major effort in the preparation of this fascicle has been a sorting out of all lesions that have been called tumor into what the author considers to be their proper places both morphologically and, where known, etiologically. A brief discussion of nomenclature, etiology, and histogenesis is included in this introduction in an effort to provide a degree of perspective before the remaining purely descriptive pages are explored.

The principal subject is the epithelial tumors of the skin but there is also an incomplete coverage of tumors of mesodermal origin\* stressing the peculiarities that pertain to the cutaneous location. Tumors of special cutaneous regions and melanotic tumors are discussed in other fascicles.\*\*

Included as tumors are overgrowths of tissue that do not necessarily fit within the usual definitions of neoplasm. This is a practical approach permitting the widest outlook on a very heterogenous field and not introducing unnecessary controversies as to the exact distinction of tumors from hyperplasias or malformations. Occasionally it will be necessary to point out that a given lesion customarily is or is not considered to be a "true tumor" and for the definition of this term we find that of Willis as nearly satisfactory as any, "A tumour is an abnormal mass of tissue, the growth of which exceeds and is uncoordinated with that of the normal tissues, and persists in the same excessive manner after cessation of the stimuli which evoked the change." \*\*\*

---

\*See also Fascicle 5, "Tumors of the Soft Tissues"; Fascicle 6, "Tumors of the Peripheral Nervous System"; Fascicle 8, "Tumors of the Hematopoietic System."

\*\*Fascicle 3, "Melanotic Tumors of the Skin"; Fascicles 12 and 13, "Tumors of the Upper Respiratory Tract and Ear"; Fascicle 32, "Tumors of the Male Sex Organs"; Fascicle 33, Part II, "Tumors of the Vulva, Vagina, and Uterus"; Fascicle 34, "Tumors of the Breast"; Fascicle 38, "Tumors of the Eye and Adnexa."

\*\*\*Quoted from p. 1, Willis, R. A. Pathology of Tumours. London: Butterworth & Co., Ltd.; St. Louis: C. V. Mosby Co., 1948.

SPECIAL NOTES ON NOMENCLATURE

The skin is readily observed and many of its diseases have been described since ancient times. Consequently the dermatologist has inherited a traditional terminology, one that is not based upon a uniform system but upon a mixture of gross appearance, clinical course, cause, and only in comparatively recent years, histologic structure.

Standardization upon a uniform system such as morphology is desirable but such a system would not necessarily lead to simplification. A fully descriptive morphologic diagnosis modified by terms expressing cause, behavior, and clinical appearance would be very awkward. It is the author's opinion that modification of terminology to comply with a histologic system can only be made to a moderate degree at the present time and most advantageously in the designation of general groups—such as are listed in table I which summarizes most of the epithelial tumors and hyperplasias. Many individual diseases or syndromes will require more specific or peculiar names than can be derived from histologic structure alone, and currently used terms may prevail for many years.

Table I

GENERAL GROUPS OF EPITHELIAL TUMORS AND HYPERPLASIAS	
OF EPIDERMIS:	
Hyperkeratosis	
Acanthosis	
Benign Epidermal Tumor (syn.: Acanthoma; Epidermoma; "Papilloma")	
Squamous Cell Epidermal Tumor	
Basal Cell Epidermal Tumor	
Basosquamous Cell Epidermal Tumor	
Squamous Cell Carcinoma (syn.: Epidermoid Carcinoma; Prickle Cell Carcinoma)	
OF OR RESEMBLING CUTANEOUS APPENDAGES:	
Hyperplasia of a Given Appendage	
Benign Adnexal Tumor (syn.: Benign Appendage Tumor)	
There is no simple subclassification. Most tumors are classified according to predominant histioid pattern, e. g.:	
Trichoepithelioma, resembling hair follicles	
Syringoma, resembling sweat ducts	
Hidradenoma, resembling sweat glands	
Sebaceous Adenoma, resembling sebaceous glands	
Malignant Adnexal Tumor (syn.: Malignant Appendage Tumor)	
Basal Cell Carcinoma (syn.: Adnexal Carcinoma)	
Adenocarcinoma or Squamous Cell Carcinoma of a Given Appendage	



The controversial use of certain words distinguishing malformations from neoplasms is perhaps the greatest single obstruction to standardization of nomenclature. The word *nevus* requires special comment here for most physicians do not understand its significance in dermatologic literature. It has the broad meaning of a localized malformation of any sort (Jadassohn; Darier) as well as the restricted meaning (principally in continental Europe and the United States) of a pigmented anomaly.\* In the broad sense it embraces the meaning of both hamartoma and choristoma. Such terms as *naevus unius lateris*, *naevus flammeus*, *naevus syringocystadenomatosus papilliferus*—widely used in dermatologic literature—are not pigmented (*nevus-cell*) *nevi* but respectively certain tumor-like malformations of the epidermis, blood vessels\*\* and sweat glands. To establish a basic morphologic classification it would be advantageous to avoid the use of the word *nevus* implying a malformation in contrast to a neoplasm because it has an etiologic implication. A basic morphologic system would require that a lesion to be designated by its constituent tissues and the implication of congenital malformation be designated by appropriate adjectives. Thus, the examples listed above would be, according to their morphology: unilateral linear keratosis, flamelike hemangioma, and papillary syringadenoma. The implication of a developmental anomaly could be designated by such words as congenital, developmental, or *nevic*. Many dermatologists favor the broad usage; most pathologists the restricted, limiting the word *nevus* to the pigmented (*nevus-cell*) variety. Neither system is above criticism but the second is less confusing and in this fascicle the use of the word *nevus* in the broad sense is avoided as much as possible.

Nomenclatures based on morphology differ according to the emphasis placed upon cell type or tissue type. One of the most confusing usages in the dermatologic literature is that of **basal cells**. The term is derived from the basal position of certain cells in the epidermis or mucous membranes adjacent

\*The ancient usage of the word *naevus* is not entirely clear. According to Harper's Latin Dictionary (1907) it meant a mole or wart and had the implication of congenital origin. In the references listed in Facciolati-Forcellini, *Totius Latinitatus Lexicon* (1831), and Harper's Latin Dictionary (1907), no adjectives giving an indication of a special type of birthmark are used with the word. However, it is of interest that Celsus, VI.5.1, wrote as follows (as translated by W. G. Spencer): "To treat pimples and spots and freckles is almost a waste of time, yet women cannot be torn away from caring for their looks. But of these just mentioned, pimples and spots are commonly known, although that species of spot is more rare that is called by the Greeks *semion*, since it is rather red and irregular." Since the word *naevus* was not used and a Greek word was borrowed to describe a red mark (hemangioma?) it is likely that the word *naevus* either imputed birthmarks in general or pigmented moles. (This interesting passage was pointed out by Dorothy M. Schullian, Ph. D., of the Army Medical Library.) A second, more figurative use of the word *naevus* in the late Latin was a spot, blemish, or fault (Harper, 1907).

\*\*A common usage of the word *nevus* in the British Isles is the designation of hemangiomas (MacLeod and Muende; Dible and Davie).