Moles and skin lesions

Benign skin lesions: moles, skin tags, lipomas and cysts

You may consider removing benign skin lesions for a number of reasons: they may be unsightly, itchy, cause discomfort by rubbing on clothes, or worry you because they are growing.

It is worth consulting your GP if a mole changes suddenly, ie grows, becomes darker, itches or bleeds. This does not mean it is becoming malignant but it should be checked.

Some lesions may be shaved flush with the skin, which may leave little or no scar.

Most lesions are cut out, and this will leave a scar. The plastic surgeon will use his skill to excise them in a manner that reduces the visibility of the scar. Some skin types or some sites are prone to thick scars: keloid and hypertrophic scars. Your surgeon will warn you about these.

Skin tags/ papillomas: Benign epithelial lesions of the skin. Very common, often occur on the neck and under the breast. They have small narrow stalks connecting them to the skin surface. Can itch or catch on clothes. Often occur in groups.

Seborrheic keratoses: Very common, occur mostly in older patients, often on sun-exposed areas of the body. Common on the face, trunk and back. They look brown and often crusty or wart-like and they may feel greasy. They often itch. They can be easily shaved or excised.

Sebaceous cysts: They are blocked glands of the skin which continue to produce sebum to lubricate the skin and so continue to grow. They occur on the face, neck or back most commonly. If they discharge, they release a cheesy white material. They are not cancerous but may become infected.

Lipomas: They are benign tumours of fat tissue. They may be very small, or can grow over years to large masses. They may be removed by excision or fine liposuction.