

## DERMATOPATHOLOGY

**Derm** is the Greek word for skin.

**Pathology** is the study of disease.

Dermatopathology is the study of skin disease.

# SEBORRHEIC KERATOSIS

This patient information was medically reviewed by:

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SkinPath Solutions only employs Board Certified Dermatopathologists. All borderline or malignant pigmented lesions and complex or difficult diagnoses are reviewed in committee.

For more information on this and other skin diseases, please contact the following or visit their websites:

### **The Skin Cancer Foundation**

212-725-5176

[www.SkinCancer.org](http://www.SkinCancer.org)

### **The American Academy of Dermatology**

847-240-1280

[www.aad.org](http://www.aad.org)

Dermatopathologists are physicians who have completed specialized fellowship training, after medical school and residency, in the study of diseases of the skin. Following their dermatopathology fellowship, they are required to pass a board certification exam that qualifies them to specialize in microscopic evaluation of biopsies from the skin, hair and nails. Dermatopathologists with SkinPath Solutions are consultants for your clinician. Our role is to provide an accurate and timely diagnosis so that you may receive optimal care.

Once a biopsy is taken, it must be transported to the laboratory. In the laboratory, a team of individuals who are specifically trained in handling skin specimens prepares your biopsy for microscopic examination. The process includes gross examination, proper fixation and processing of the tissue, and placing very thinly sliced sections of your biopsy on a glass slide. These thin sections are then treated with chemical stains, which enable thorough examination of your biopsy by the dermatopathologist.

A clear and concise report is written and your diagnosis is reported to your clinician. Similar to services provided by a radiologist or anesthesiologist, your insurance provider will be billed for our services based upon an amount contracted by your insurance provider. You will be responsible for any deductible or copay amount, which is determined by the insurance plan you have selected.

Your clinician chose SkinPath Solutions because we work diligently to provide the best possible care for their patients. We have earned their trust and we strive each day to provide exceptional care in our state-of-the-art dermatopathology laboratory.



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678-556-9411 or 888-559-0263

[www.SkinPathSolutions.com](http://www.SkinPathSolutions.com)



Providing the Best Dermatopathology  
Services Under the Sun

# SEBORRHEIC KERATOSIS

Seborrheic keratoses (SKs) are benign growths. They are not cancerous, and they usually pose no health risks. People typically start to develop them after midlife if they develop them at all. They can occur anywhere on the body and are unrelated to sun or environmental exposure. One Australian study showed that ALL patients over 55 years old had at least one SK, and patients tend to develop them more frequently with increasing size as they age.

## The ABCDEs of Melanoma:

The American Academy of Dermatology (AAD) has established an understandable guide to possible malignant melanoma (MM), the most dangerous kind of skin cancer.

### A is for Asymmetry

If a mole is asymmetrical, you should be concerned and have it looked at by your clinician.



### B is for Borders

If a mole has a poorly defined or irregular border, you should be concerned and have it looked at by your clinician.



### C is for Color

If a mole has several different shades of black, brown, tan, red, white or blue, you should be concerned and have it looked at by your clinician.



### D is for Diameter

If a mole is larger than 6mm (the size of a common pencil eraser), you should be concerned and have it looked at by your clinician.



### E is for Evolving

If a mole has noticeably changed over time, you should be concerned and have it looked at by your clinician.

## IDENTIFICATION OF SK:

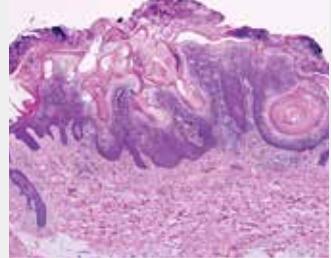
SKs vary in size. Some are just small gray or tan spots that look like small drops of cooled wax. They vary in color from almost clear and invisible to dark brown. Some patients have just one while others develop hundreds. They can be extremely small and unnoticeable, and they can grow up to two inches in diameter. Clinically, they may look like basal cell carcinomas, squamous cell carcinomas, malignant melanomas or lentigo malignas, which are forms of skin cancer, and your clinician may take a biopsy and refer it to a dermatopathologist for microscopic evaluation just to be sure of the diagnosis.



*Seborrheic Keratosis*

## CAUSES AND PREVENTION OF SK:

The causes of SKs are still unknown, but they usually begin to occur in middle-aged patients and tend to increase in size and number as the patient ages. There is no significant health risk associated with them. There is no way to prevent the occurrence of an SK.



*Microscopic Image of Seborrheic Keratosis*

## TREATMENT FOR SK:

If an SK is properly diagnosed, there is no treatment needed. If they are cosmetically unappealing or in a location that causes them to become irritated, they can be removed. They can be frozen off using cryotherapy, or removed with electrodesiccation and curettage (ED&C) or via shave biopsy. None of these procedures is very painful, and any pain can be reduced with local anesthetics. There is usually little to no scarring and healing is usually complete within three to five days.



*Cryotherapy*