

# Tiny Tumours, Big Surprises: Unravelling Malignancy in Small Lesions

## Authors

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## Introduction

Excisions of small abscesses are a common part of day surgery, routinely performed. According to NICE guidelines (when only looking at the size of a skin abscess) we should suspect malignancy in abscesses that have a diameter of 7mm or more. Hence, a lot of these small abscesses are thought to be benign lesions, cysts or lipomas on initial assessment.



### Weighted 7-point checklist

Major features of the lesions (scoring 2 points each):

- change in size
- irregular shape
- irregular colour.

Minor features of the lesions (scoring 1 point each):

- largest diameter 7 mm or more
- inflammation
- oozing
- change in sensation.

## Methodology

Gathered data from January 2022 to December 2022, of all patients that underwent excisions of small abscesses under local anaesthetics. .

## We looked at:

- Age
- Initial presentation of lesion and its impression
- Date of surgery
- Histology results and subsequent presence of malignancy

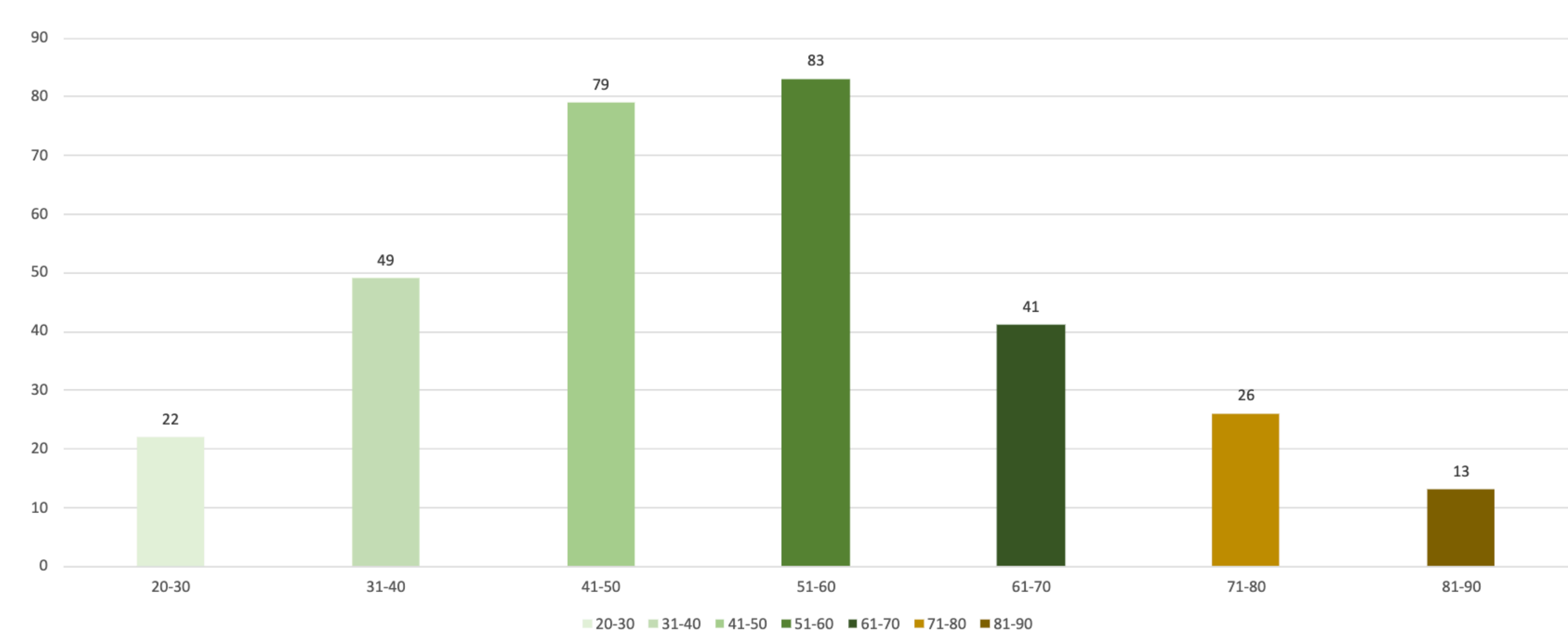
## Data

- Total number of 313 patients
- 1 patient was excluded as their excision was for a known recurrent cancer
- 65 patients did not have their excisions sent off for histopathology
- The remaining 248 had theirs sent off
- 3 patients were diagnosed with malignancies

### Initial Presentation, small lesions on:

- Scalp
- Neck
- Shoulder
- Axilla
- Arms
- Chest wall/Breast
- Abdomen
- Back
- Scrotum
- Buttock
- Thighs

### Age



## Malignancies

3 patients were diagnosed with malignancies

- Back of the neck lesion: diffusely invasive adenocarcinoma
- Left thigh: undifferentiated pleomorphic sarcoma
- Right forearm: well-differentiated liposarcoma

## Conclusions

- This study further reiterates that size as a risk factor is important, but we should be aware of smaller abscesses.
- Histology should be done for every tissue removed during excision irrespective of size.