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# “THINGS” ON THE SKIN

by Barry Michael

**A**CNE ASIDE, THERE are a number of skin ailments which clients regularly bring to the attention of their electrologist for comment, including a variety of bumps, lumps and elevated growths that must be referred to a physician for diagnosis. However, even when treatment of the problem is outside our area of expertise, as good professionals we must be fully conversant with those common skin growths which frequently raise unnecessary alarm in our clients.

While significant advances have been made in the diagnosis and treatment of many life-threatening diseases, many aspects of cancer still remain a mystery to medical science. Quite often it is this frightening malady that is uppermost in the minds of clients who complain to us about certain lumps and bumps.

Obviously there is some justification for the widespread cancer phobia. Dr. Richard Walzer, formerly Associate Clinical Professor of Dermatology at the Columbia College of Physicians and Surgeons, concedes that some of the public's irrational fear of cancer can be blamed on practitioners within his own field. He says, "The medical profession and some lay organizations have done their part to play on this concern to gain funds for research into this baffling disease."

In his book, *Skintelligence: How to be Smart about Your Skin*, Dr. Walzer writes; "Since new growths develop through life, concern about skin cancer is justifiably high but reassurance should be easy to come by. Most skin growths (old and new) are benign, and even the most common form of skin cancer is an unlikely threat to life or health."

Nonetheless, harmless though many of

them may be, those lumps, bumps and other skin growths rarely comply with current fashions in beauty, and too often they are located in places that cause physical discomfort or acute embarrassment. Even then, it is surprising how long some women will suffer the aggravation of a skin tag, mole, or other outcropping (often harboring at the same time, morbid thoughts of cancer) before consulting a dermatologist. Presumably we behave this way because we are afraid we may be wasting the doctor's valuable time with a trivial complaint, or because we are afraid that the "thing" on our skin might be something serious that we would rather not hear about.

Electrolysis practitioners hold a unique position in the world of skincare. Every day, in the performance of their work they are, to some degree, permitted to view, touch, examine and discuss, the body of their clients — a privilege that most people grant only close family members. And it is factual to say that many women will confide in their electrologist or esthetician — who is treating them for "ugly skin" or "embarrassing excess hair" — before they will consult their physician (who probably sees them only once a year or less).

It is therefore essential that estheticians and electrologists know as much about "things on the skin" as is necessary for them to speak intelligently on the subject, and at the very least, to know when it is prudent to have a client see a knowledgeable medical doctor.

A dermatologist has to spend years learning about the typical and atypical features of the multitude of tumors that plague the skin of humankind, but despite all that experience, a biopsy and microscopic examination of the tissue is often the only

way that a final diagnosis can be made. It is certainly not within the scope of electrologists or estheticians (morally or legally) to offer *any kind* of prognosis in such matters, but as Dr. Walzer and many other medical practitioners repeatedly tell us; "An awareness of the different skin tumors can result in early detection of a disease and prevent its progression from the easily curable stage to a complicated and even fatal stage."

## **MOLES (pigmented nevi)**

A nevus is a growth, often present at birth or shortly thereafter. The most common nevi are made up of clusters of melanocytes — the pigment-manufacturing cells that are normally scattered widely throughout the skin and generally referred to as brown birth marks, or moles.

A mole is flat at first, but in time it can become elevated and rounded. It commonly ranges from tan to dark brown in color.

Cherry hemangiomas, sometimes called "red moles," are rarer, but they can appear at any age. They are not true moles but rather tumors of tiny blood vessels. Some people are born with them, but mostly they come later in life, sometimes in droves, around the time of menopause.

Blue moles are not uncommon. These can be premalignant, but the only way to determine this is with a microscopic examination of the tissue, so doctors usually recommend that they be removed.

Some moles can turn into a malignant tumor; however, this condition is usually signaled by a change in the mole's size or color and there is no cause for concern until such a change occurs.

The incidence of malignant change in  
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moles is about one in a million, and since it is estimated that every individual reaching adulthood has about 15 to 20 moles scattered over the body, it is apparent that removing everyone's pigmented nevi as a preventative measure would be highly impractical. Most moles are, therefore, only removed at a patient's request — which is fine as long as the patient understands that they may be trading a spot for a white scar.

Thick hairs found sprouting from moles and other surface blemishes are quite common, even in areas which are generally clear of noticeable hair. Opinion as to whether or not these hairs should be treated by electrolysis is still heatedly debated.

Dr. Walzer suggests that once a doctor has examined a specific mole and has verified the diagnosis of "benign mole," the hairs in that mole can generally be treated safely by a competent electrologist. But Dr. Walzer warns, "An electrologist is not qualified to determine, without consultation with a dermatologist, whether or not the mole is benign before beginning treatment."

Some insurance companies have traditionally excluded the treatment of moles, warts and other blemishes from their liability coverage because of cancer fears. However, with no hard evidence to support these fears, some insurance companies have dropped the restrictive clauses from their policies.

The problem is best summed up by Hinkel and Lind in their textbook *Electrolysis, Thermolysis and the Blend*. Here the authors agree that when the electrologist has a client who requests treatment of a hairy mole, the electrologist should consult with the client's physician and get permission to remove the hair, preferably in writing.

"Although hairy moles are not the type which becomes malignant, some liability insurance policies become null and void in the event of a legal suit arising out of the treatment of moles." When qualified specialists grant approval, they assume legal responsibility for the treatment."

### SEBORRHEIC KERATOSES

Keratoses are the most common benign growths to appear in adult life, and they increase in number with the passage of time. They are seen mostly on the trunk, neck and head of both sexes after 30 or 40 years of age. Occasionally they will appear in areas that are irritated by clothing. Sometimes dozens of them are found underneath the breasts and around brassiere straps and can be a great source of discomfort for the victim.

The small crusts of thickening skin  
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**SEBORRHEIC KERATOSES**, uncomfortable and cosmetically ugly — but not life-threatening.

Photographs courtesy of James E. Schuster, M.D.



**KELOID**, a definite problem for electrologists — but no connection with cancer.

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(keratoses: Greek. *Horny growth*) are raised, pigmented and wart-like. A pin-sized spot within the lesion can be squeezed out like a blackhead. Tugged or scraped with the fingernail the entire crust can break away from the skin's surface without bleeding. They do not change into any form of skin cancer, but they are cosmetically ugly.

When urged to do so, a dermatologist can easily remove the keratoses with a curette. Healing occurs rapidly with little or no permanent scar formation.

Actinic keratoses (sometimes known as "solar keratoses"), and senile keratoses can be dangerous.

#### **WART (verruca)**

Almost everyone recognizes a wart when they see one. Traditionally, they inflict younger people more than adults, but older people are certainly not immune.

Warts are almost never carriers of cancer but they are the most common viral disease and can be acquired through direct contact, so estheticians and electrologists are advised never to work on them or near them.

Being autoinoculable means that warts will not only pass from one person to another, but will also spread from one part of the host body to another part. If a wart on the finger constantly rubs against an adjacent finger, a second wart a "kissing wart" may form at the point of contact within a few months. Scratching a wart with the fingernail, or scraping a wart while shaving, can result in a whole family of little warts.

A proliferation of certain cells, altered by the contagious wart virus, causes these growths in the skin. Although very common, they are not potential killers.

Medical practitioners can offer chemical treatment for warts: "old wives" offer "faith cures" by the score. The truth is, these little pests, if left alone, will often disappear as mysteriously as they appear.

#### **WENS (sebaceous or epidermoid cysts)**

A wen is a benign tumor consisting of a sac-like structure filled with an oily, cheesy material with an unpleasant odor. It starts as a blockage at the mouth of a sebaceous gland, usually on the face, scalp, or back, and can grow to the size of a tennis ball.

The surgical removal of a cyst is usually advised because they are prone to infection. The infection will enter the cyst by way of a dilated pore on the surface of the swelling; once inside, the bacteria create havoc, making the cyst large, angry-

looking and painful. When badly infected, it will "come to a head," rupture and discharge the offending contents.

#### **SKIN TAGS (acrochordons)**

Perfectly described by their common name, acrochordons are small, soft, flesh-colored or hyperpigmented pedunculated lesions. Usually they are asymptomatic but may be a nuisance. They appear under the arms, on the cheeks, and particularly on the neck where they come into contact with collars and scarves, and are quite bothersome.

Skin tags sometimes come in groups and can look frightening, but they are not premalignant and if they are irritating or become unsightly a doctor can easily remove them by freezing with liquid nitrogen, light electrodesiccation (as in thermolysis), or excision with a scalpel or scissors. Their cause is unknown.

#### **KELOIDS**

Keloids are really nothing more than overgrown scars. When the skin is cut or broken a scar is formed during the healing process; normally the scar formation stops when the damage is repaired but in some people, particularly black men and women, the scar tissue continues to build up long after it is needed.

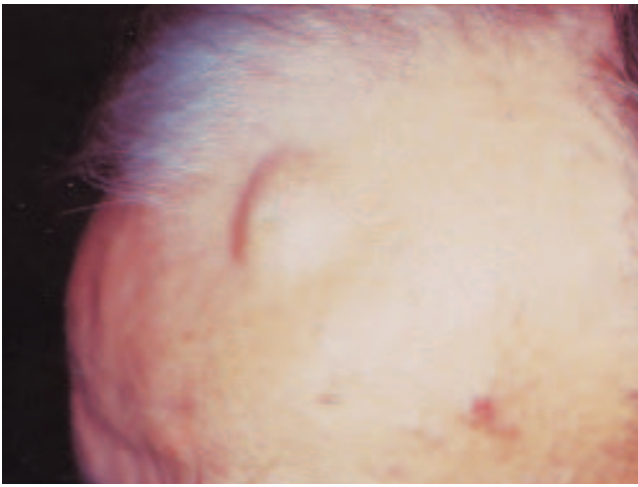
The keloid is a form of fibrous tissue tumor, or controlled growth. It is sometimes made up of very sensitive tissue, and in its most pronounced form is a cosmetically ugly lesion; but it has no connection with cancer. Unfortunately, cutting away the excess scar tissue only results in a still larger scar.

Certain individuals have a congenital predisposition to keloid and electrologists have to be particularly cautious if a client shows evidence of this problem. Overtreatment of the hair follicle with electrolysis could produce more lesions of the same kind. As with the treatment of hairy moles, it is advisable to have a doctor's opinion and have the client sign a release of responsibility form.

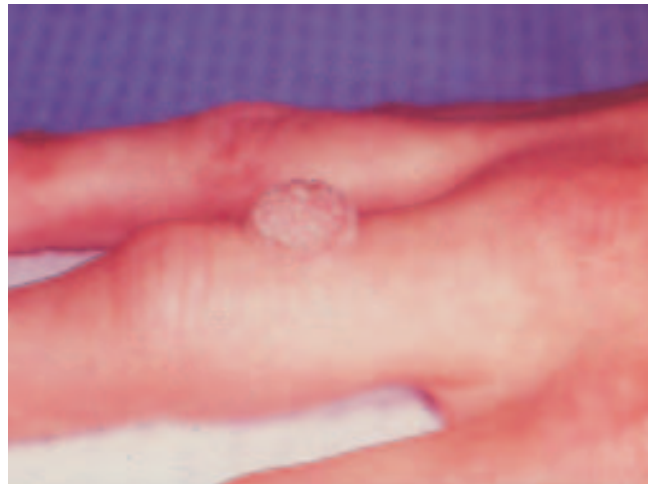
#### **SUMMARY**

The foregoing review of 'things' that appear on the skin is confined to 'elevated growths' because it is these raised lesions, which appear at different stages in life and are observed to grow, that usually trigger fears of cancer in the minds of aging humans.

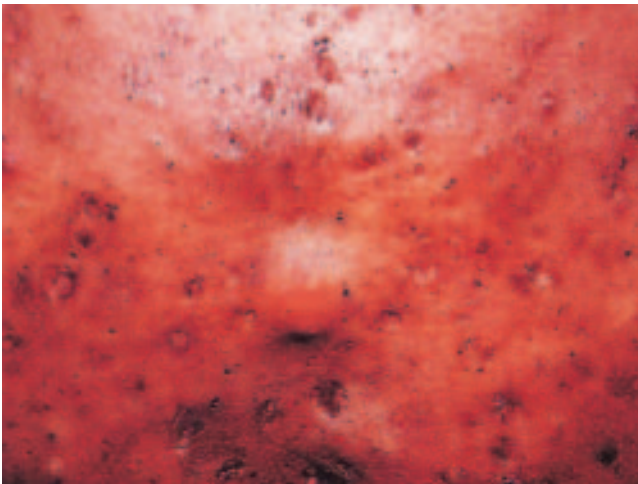
Disorders of the skin are many, and the subject is complex. What we have here, is a brief checklist of the more common growths an esthetician or electrologist is likely to come across in the course of everyday practice. *HR*



*EPIDERMOID CYST (sebaceous cyst), popularly called a wen: a benign tumor — but one that should be removed.*



*WART (verruca), contagious, and a nuisance but not harmful.*



*ACNE (papules, pustules, and nodules), most cases now can be effectively controlled.*



*MOLE (hairy nevus), one in a million nevi can turn into a malignant tumor.*



*SKIN TAGS (papilloma), can look frightening, but they're easily removed by a physician.*



*MALIGNANT MELANOMA, the most life-threatening type of skin cancer.*