Radiofrequency
Electrocautery, fulguration, electrodessication and electrosection are all types of radiofrequency treatments. During the radiofrequency process, targeted tissue is destroyed with an instrument that uses an electrode to treat the surface of the skin. Different kinds of radio waves can be used, which means that there is good control in defining the areas to be treated.

Hyfrecation
A hyfrecator passes an electrical current through a probe. It is used to destroy tissue and to prevent bleeding during minor surgery as well as for skin lesion treatment. Curettage and hyfrecation is a variation where skin lesions are removed with a curette (a sharp surgical instrument that is spoon shaped) and then the area is treated with a hyfrecator.

Whichever treatment you choose, consultation with an expert dermatologist is highly recommended. Be sure the doctor is aware of the nature of the skin lesions associated with BHD syndrome.
Introduction

Birt-Hogg-Dubé (BHD) syndrome is a rare (1 in 200,000) genetic disorder caused by alterations in the gene Folliculin. BHD is characterised by the development of benign skin tumours (fibrofolliculomas), lung cysts that can cause collapsed lung (spontaneous pneumothorax), and kidney cancer (renal cell carcinoma).

BHD affects people differently. If you have BHD syndrome, you may have none, one, or all of the symptoms of BHD.

Skin Symptoms

The skin lesions associated with BHD syndrome are clinically known as fibrofolliculomas. Fibrofolliculomas are benign tumours of the hair follicle. They most commonly occur on the face, neck, ear and upper body.

BHD skin lesions may also be referred to as:
- Neoplasms (literally “new growths”, a general name for abnormal tissue masses or tumours).
- Hamartomas (abnormal formations in any tissue including the skin).
- Papules (small white bumps on the skin).
- Skin nodules (bumps on or in the skin, larger than papules).

Fibrofolliculomas are generally described as small bumps slightly paler than the skin, of variable size, and may look like pimples.

Individuals affected by BHD syndrome can have anywhere from none to several hundred of these skin lesions over a lifetime. In affected individuals, these skin lesions normally appear in the third and fourth decade of life. The numbers and size of the fibrofolliculomas may increase with age.

There are other skin lesions which are not considered to be part of BHD syndrome, but may look similar to fibrofolliculomas. It is impossible to determine which kind of skin lesion you have without consulting a dermatologist, as you may need diagnostic tests for a reliable identification.

Treatment

Currently, available treatments only remove the lesions temporarily. Whatever treatment you may choose to have, new fibrofolliculomas may grow elsewhere.

Laser
This treatment may be more effective than others as it reaches below the skin’s superficial layer. Several kinds of laser treatments have been used on BHD skin lesions with some success.

Surgical
Removing a small number of BHD skin lesions by cutting below the surface of the skin is another option. However, there can be scarring and there is no guarantee that this solution is permanent.

Cauterisation
Skin cautery uses a heated electrode to destroy skin tissue. As the technique also targets normal tissue, it can cause scarring. Cold cautery, or cryosurgery, is the application of extreme cold to destroy skin tissue. Liquid nitrogen is most commonly used as the cooling solution and is applied to the skin lesion. This treatment has minimal pain and scarring; however, there is a risk of nerve damage to surrounding healthy tissue. Cryoablation is a similar freezing technique which is used on various tissue types.