CASE REPORT

A COMMON DISEASE PRESENTING IN UNCOMMON WAY AT UNCOMMON LOCATIONS - GIANT ACROCHORDONS (2 CASE REPORTS)

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ABSTRACT: Acrochordons are soft, skin colored pendunculated lesions primarily seen in skin creases such as neck, armpit, eyelids, trunk & groins. Etiology of skin tags is unknown but they tend to occur in obese people and frequent irritation seems to be an important causative factor. A pedunculated small acrochordons can be removed with curved or serrated blade scissors; larger skin tags may require excision. For small acrochordons, application of aluminum chloride prior to removal will decrease the amount of minor bleeding.

KEYWORDS: Acrochordons, uncommon location.

Acrochordons (Skin tag/Fibroepithelial polyp) are soft, skin colored pendunculated lesions primarily seen in skin creases such as neck, armpit, eyelids, trunk & groins¹. Usually they are 1mm-5mm in size and so remain unnoticed.

Giant acrochordons at unusual sites are rarely reported in literature.

Case report 1: A 36yr old multi parous woman presented with 10x7cms large fleshy soft mass attached to the skin with soft thin stalk over right labium majus since 5yrs. This is one of the few largest skin tags reported in the vulva.

Case report 2: A 28yr old male presented with 12x12cm spherical, skin colored, pedunculated bag like mass on the back of the right thigh since 10 yrs with H/o difficulty in sitting posture. Surface ulcerated due to constant rubbing.

Given the soft consistency, pendunculated nature with free mobility a diagnosis of skin tag was made. Friction² against tight fitting undergarment may be the initiating factor in this case. To the best of our knowledge, this is the first case report of giant acrochordons on the posterior thigh.

Systemic examination, GTT, Lipid profile was normal in both cases.

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Total excision done under local anesthesia and diagnosis was confirmed by histopathological examination.

Histopathology:

Acanthosis Papillomatosis Fibroblast & Dilated Blood Vessels Fibrovascular tissue

DISCUSSION: Etiology of skin tags is unknown but they tend to occur in obese people and frequent irritation seems to be an important causative factor. Epidermal growth factor & tissue growth factor are implicated in their development. Usually asymptomatic, may be painful secondary to local trauma or torsion and infarction in rare cases. Generally diagnosed by clinical features however histology is needed in unusual cases.

DM, Insulin resistance, Obesity, Acromegaly, Colonic polyps, impaired carbohydrate and lipid metabolism³, pregnancy and Birt Hogg-Dube syndromes⁴ are possible associations.

Differential diagnosis: benign neoplasms like lipoma, fibroma, seborrheic keratosis, warts, fibrofolliculomas and malignant lesions like Angiomyxoma, Dermatofibrosarcoma protuberans.

CONCLUSION: Skin tags are common in general population but it very rare to find giant skin tags at unusual sites like in our cases. A giant acrochordon though benign may generate anxiety in both clinician and patient in view of possible differential diagnosis. A multidisciplinary input comprising of dermatologist, surgeon & pathologist & follow up should be considered by clinicians.

REFERENCES:

1. Susana Canalizo - Almada, Patricia Mercadillo Perez, Giant skin tags - Reports of two cases. Dermatology Online Journal, 2007.
2. Allegue F, Fachal C, Perez-Perez L, Friction induced skin tags. Dermatologica 1987; 174-180, Volume - 3.
3. Fauzia Naureen Bhutta, Rubina Ali, Shazia Shahin, A Giant Skin tag on Labium Majus, APMC Volume 7 No 1 Jan-June 2013.
4. Ahmet Ali Sancaktutar, Scrotal skin and Acrochordon. Journal of Clinical and Analytical Medicine.

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