

A Giant Skin Tag (Acrochordon) On the Labium Majus

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ABSTRACT

Skin tag or an acrochordon is a benign, soft tissue lesion found predominantly in obese and diabetic people; showing a female propensity. It may be sessile or pedunculated and size may vary from 1mm-10mm;

when it may go unnoticed by the patient. However very rarely it may grow enormously resulting in a giant acrochordon as reported here.

INTRODUCTION

Acrochordon or skin tag is a benign lesion.¹ It commonly occurs at sites of flexure creases, at sites of friction. Its also considered as a soft tissue marker of hyperlipidemias, insulin resistance and metabolic disorders.^{2,3} In literature few case reports (only four) have been mentioned which record occurrence of giant sized vulval skin tags.^{5,7,9} A gynecologist may not encounter such lesions in routine clinical practice. In addition their clinical importance especially associations with human papilloma virus (HPV) and pre-cancerous lesions, may be unknown to many clinicians.⁴ This case reports gives a brief account of literature review and clinical significance. Treatment is by surgical excision. Nevertheless the differential diagnoses may be heterogeneously broad and may include benign vulval neoplasms of either epithelial or mesenchymal origins (e.g; lipoma, fibroma, warts, vulval varicosities, arterio-venous hemangiomas) and malignant lesions (e.g; aggressive angio-myxoma, dermato fibro-sarcoma protuberans etc.) Surgical excision will serve as both as diagnostic and therapeutic modality.

CASE REPORT

A 40 years old lady, mother of four children, presented to OPD of T.H.Q Hospital, Chak Jhumra, Faisalabad in January 2012. She complained of a large vulval growth, arising from left labium majus. She had noticed it 5 years back, when it was 1-2 cm and gradually it increased in size, reaching a length of 22 cm. As she was asymptomatic, she did not consult a doctor. All babies were healthy and were delivered at

term at home. She was not using any medication (contraceptive pills etc.) and her last baby was 8 years old. Her family history was negative for any chronic illness, colorectal or breast cancers or skin lesions. A systemic enquiry regarding metabolic disorders like diabetes mellitus, was negative. She weighed 50 kg and her body mass index (BMI) was normal. She was normotensive. Systemic examination revealed no abnormality. Examination of vulva revealed a 22 cm long skin tag with multiple (15 in number) soft rubbery; polyp like growths dangling along long axis of the pedicle which was attached to left labium majus. [figure 1,2]. Her Blood group was AB positive, Hemoglobin 9.0 grams/dl, Blood sugar random 84 gram/dl and a normal lipid profile. She consented for an excision under local anesthesia. After following aseptic measures, infiltration of local anesthetic followed by an elliptical incision over left labium majus around the base of pedicle, was performed. The pedicle was cut and ligated; hemostasis secured; followed by skin closure with vicryl 2/0. Follow up until one month was normal. Histopathology report came as fibro-epithelial polyp of vulva. There was no evidence of malignancy or inflammation.

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Figure-1
A Giant Acrochordon on Lt. Labium majus



Figure-2
The Giant Acrochordon after excision



DISCUSSION

Skin tags (acrochordon) are benign lesions of unknown etiology. Strong associations so far reported in literature include insulin resistance, metabolic disorders e.g; diabetes mellitus, dyslipidemias, obesity, human papilloma virus (HPV) and genetic predispositions.^{1,2,3,12} Birt-Hogg-Dube Syndrome (BHD syndrome) is a rare autosomal dominant genodermatosis characterized by skin tumors and a defective tumour suppressor gene has been suspected as the underlying cause^{4,5}. These patients are at risk of development of renal and colonic cancers. Though skin tags are commoner in pregnant women but pregnancy or infertility themselves, are not risk factors for the proliferation or progression of skin tags.⁶ In case reported here the skin tag was not found to be associated to any of above mentioned risk

markers. Usually sizes of skin tags are 1mm-5mm. So they may remain unnoticed, and even can be cut by scissors. So far, four case reports of giant acrochordans arising from vulva have been mentioned in literature. In a teenager it grew from labium major, to the size of 30 cm in 2 years⁷ A postmenopausal lady too developed a 15 cm acrochondron, over a period of 4 years. Whereas Kae Yng O et al has reported a 18cmx16cmx 15cm acrochondron weighing 755gram, hanging from right labium majus of a 50 years old female.⁵ Whereas the one reported by Nava et al¹; was only 4x3cm, in a 37 years old nulliparous lady. In comparison to all these, in case reported here the length of skin tag was 22cm and it had multiple polypoidal outgrowths (15 in number) along its long axis. The color of skin was identical to normal vulval skin, though surface was puckered just like seen in other case reports and no ulcer formation.

The differential diagnoses of skin tag (acrochordons) includes neurofibromatosis, warts, pre-malignant epithelial tumors (Pinkus tumors) and melanocytic nevi. Acrochordons have been suggested as a sign of nevoid basal cell carcinoma syndrome¹⁰. Another recently described benign lesion, was cutaneous pseudosarcomatous polyp¹¹ that showed marked histological resemblance with acrochordon except for marked pleomorphism of stellate cells and atypical cells beneath epidermis, which reacted with vimentin diffusely but lacked smooth muscle actin and desmin. A giant achrochordon, as reported here, though benign may generate anxiety in both clinician and patient in view of possible differential diagnoses. Thus multidisciplinary input (a team comprising of gynecologist, dermatologist, and expert pathologist for possible immuno histo-chemical assesment), and follow up should be considered by clinicians.

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