

A Giant Acrochordan Over Labia Majora: An Unusual Location of Skin Tag

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Abstract: Acrochordons also known as fibroepithelial polyps⁽¹⁾ are small benign tumors that form primarily in areas where the skin forms creases, such as neck, armpit and groin. Most of the acrochordans are small in size and varies from 2 – 5 mm in diameter. Histopathology plays a major role to distinguish it from other lesions like angiomyxoma⁽³⁾ which mimics like Fibroepithelial polyps. They are harmless and typically painless, and do not grow or change over time. Giant skin tags at unusual locations have been rarely reported in literature.

Keywords : Acrochordan, giant, labia majora

I. Introduction

An acrochordon, also known as fibroepithelial polyp or skin tag, a type of mesenchymal lesion, is a small, soft, common, benign, usually pedunculated neoplasm that is found particularly in persons who are obese. These are hormone sensitive lesions⁽³⁾. They are skin colored, asymptomatic, pedunculated lesions located at neck, axillae or groin. Sometimes it causes bleeding or discharge. Histopathologically, they are composed of loose collagen fibres and dilated capillaries⁽²⁾. There are only a very limited number of giant acrochordon was reported in literature, of which acrochordan in labia majora is even rare.

II. Case Report

A 26 years P2L2 attended to the outpatient clinic with the complaint of a mass over left labia majora for 1 year. It was initially small in size but gradually increases to attain the present diameter. The lesion was asymptomatic. On examination there was a single large pedunculated mass measuring about 10 x 9 cms on left labia majora. It was non-tender, Hyperpigmented, nodular (verrucous) attached to Left Labia Majora and was firm in consistency. Excision Biopsy of the mass with primary closure was performed under Spinal anaesthesia and submitted for histopathological examination. On histopathological examination cut section was homogenous, solid and myxoid. On microscopy, a stroma was hypocellular with loose and haphazardly arranged collage bundles with marked edema and myxoid changes. The stroma contained stellate shaped fibroblast and variable number of blood vessels. Epidermis was attenuated and thinned out and was diagnosed as Giant Acrochordan.

III. Discussion

Acrochordans have an overall incidence of 46%⁽³⁾. Mostly they occurs around the fifth decade. These are benign tumors of skin with no propensity for malignant transformation. Common sites for skin tags include neck, axillae, eyelids and trunk. Less common sites include groin, abdomen and back. Unusual locations reported include penis, vulva and perineum. They do not produce symptoms unless inflamed or irritated. Etiology is unknown but they tend to occur in obese, middle aged patients with equal incidence in both sexes. Frequent irritation seems to be an important causative factor. An association between skin tags and diabetes mellitus insulin resistance, obesity, impaired carbohydrate and lipid metabolism has been suggested. Pregnancy is also a risk factor.

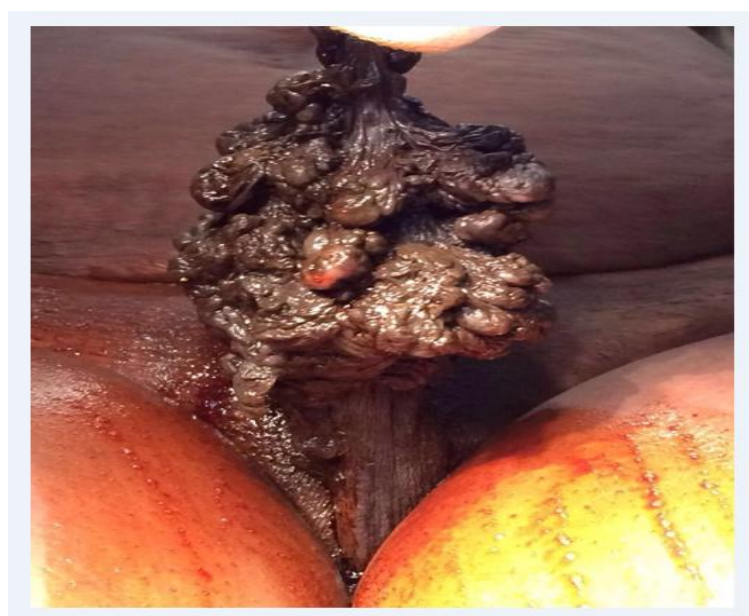
Hormonal imbalances may facilitate the development of acrochordons (high levels of Estrogen and Progesterone in pregnancy and increased level of Growth Hormone in acromegaly). Epidermal growth factor and tissue growth factor have been implicated in their development. It has been reported to be associated with multiple systemic disorders like acromegaly, colonic polyps (Gardener syndrome) and Birt-Hogg-Dube syndrome. Differential diagnosis that should be considered include Neurofibroma, Premalignant fibroepithelial tumour, seborrheic keratosis, angiomyxoma and Genital warts⁽³⁾. Small lesions can be removed by electrodesiccation, cryotherapy or Laser surgery. Larger lesions require surgical excision⁽³⁾.

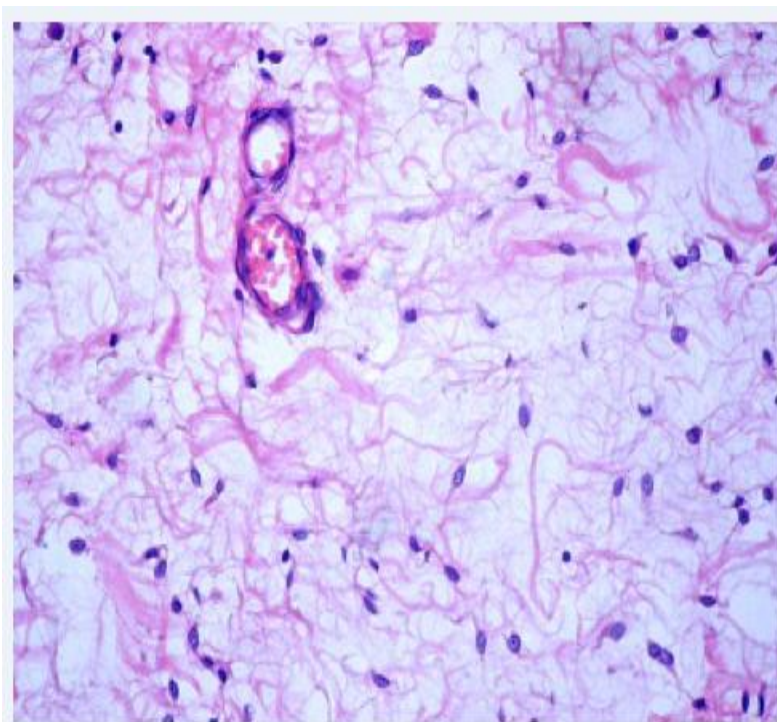
IV. Conclusion

Benign vulval tumors present mainly as asymptomatic swelling. Giant acrochordon in labiamajora is a rare benign tumour and it can be misinterpreted as malignant because of its morphological appearances⁽²⁾. Hence a Clinical suspicion is necessary for diagnosis. It is histopathology which confirms their exact nature and excludes other differential diagnosis.. To the best of our knowledge, it is one of the few largest skin tags reported over the vulva.

References

- [1]. Giant acrochordon of the axilla - Eyas Alkhalili¹, Surasri Prapasiri, John Russell, *BMJ Case Reports* 2015; doi:10.1136/bcr-2015-210623
- [2]. Giant Acrochordon of Labia Majora: An Uncommon Manifestation of a Common Disease – *J Cutan Aesthet Surg.* 2015 Apr- jun; 8(2): 119-120 doi:10.4103/0974-2077.158454 Shilpa Garg and Sukriti Baveja
- [3]. Giant Acrochordon of vulva: A rare Occurance – Agarwal A et al - www.nepjol.info/index.php/NJDVL/article/download/14310/11634 Vol. 13, No. 1, 2015. Case Report. NJDVL - 70.





*Dr. S.Amala. "A Giant Acrochordan Over Labia Majora: An Unusual Location of Skin Tag ." IOSR Journal of Dental and Medical Sciences (IOSR-JDMS) 16.7 (2017): 08-10.