CASE REPORT

A Case Report of a Giant Skin Tag

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Abstract

Skin tags are skin-colored, asymptomatic, pedunculated lesions located at the neck, axillae or groin. It affects any age, including infants. We report a 60-year-old Iranian woman with a giant pedunculated skin tag on the left thigh for 10 years. It measured 10 cm in length and 7 cm in width, distally. *(Iran J Dermatol 2009;12: 136-138)*

Keywords: skin tag, giant, achrocodone

Introduction

Skin tag is the most common fibrous lesion of the skin and presents as a soft skin-colored to slightly hyperpigmented pedunculated papule, predominantly on the neck and in the axilla and groin, but may be scattered elsewhere. They may be single or multiple and range in size from 1-2 mm papules on the eyelids to 1-2 cm baggy polyps on the trunk. They are usually asymptomatic, but can occasionally become painful secondary to irritation or torsion and infarction, with an accompanying change in their color to a darker red-brown hue. Skin tags are very common and their incidence increases with age. Men and women are equally affected, and close to 50% of all individuals have at least one skin tag. Clinically, skin tags can resemble intradermal melanocytic nevi, seborrheic keratoses or, less commonly, a pedunculated neurofibroma [1].

Histologically, skin tags are polypoid with variably loose to dense collagenous stroma and thin-walled, dilated blood vessels in the center. The overlying epidermis may have increased pigment within the basal keratinocytes, but is not hyperplastic unless the lesion has been rubbed [1].

Occasionally, horn cysts are also present, giving resemblance to a pedunculated seborrheic keratosis. The connective tissue stalk is composed of loose collagen fibers and often contains numerous dilated capillaries filled with erythrocytes. The larger pedunculated growths generally show a flattened epidermis overlying loose collagen fibers and mature fat cells in the center. In some instances, the fat is prominent, indicating lipofibroma formation [2]. The histopathologic differential diagnoses include seborrheic keratosis, nevus lipomatosus superficialis, angiofibroma and intradermal melanocytic nevus. Unless irritated or infarcted, skin tags are more of a cosmetic issue than a clinical concern and can be easily removed by simple scissor excision, electrodessication or cryosurgery [1].

Figure 1. *a giant pedunculated papule on the tigh*

Case Report

A 60-year-old woman was visited with a single asymptomatic pedunculated growth over the inner side of the left thigh since 10 years ago. It started as a small raised lesion and gradually increased in size. Family history was negative.

On physical examination, a solitary skin colored pedunculated soft non-tender mass was seen. It measured 10 cm in length and 7 cm in width distally, but its pedicle was narrow and attached to the medial side of the left thigh (Figure 1). Her systemic examination and hematological laboratory tests were normal. An excisional biopsy was taken. On histopathological examination, a polypoid lesion lined by intact surface epidermis and a fibrofatty tissue within the stalk was seen (Figure 2). The clinicopathological data were consistent with the diagnosis of giant skin tag.

Discussion

Although skin tags were initially thought to be associated with colonic polyps and diabetes mellitus, later studies did not confirm this association [1] . Professor Adjunto et al, reported diabetic mellitus in 3% (control group:1%), glucose intolerance in 9% (control group:2%), hyperinsulinemia and/or insulin resistance in 8% (control group:4%) of those with skin tags [3]. In a case-control study performed by Abbas Rasi et al, it was revealed that patients with skin tags had a higher frequency of diabetes than the control group. The difference in the frequency of Impaired Glucose Tolerance was not significant [4], but our patient did not have an abnormal blood sugar level.

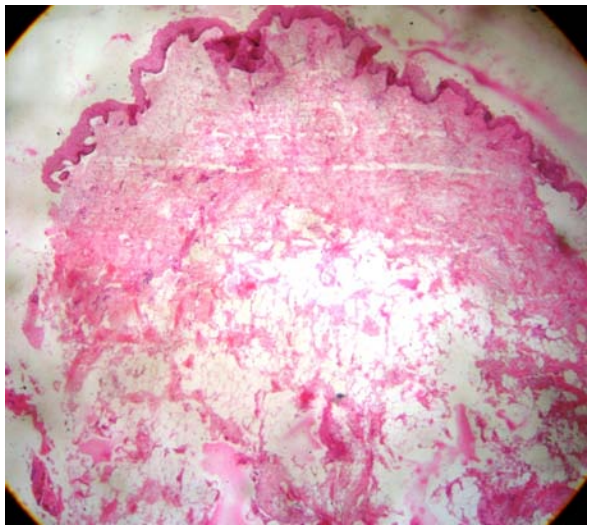

Figure 2. *a polypoid lesion lined by intact surface epidermis and a fibrofatty tissue within the stalk (H&E*10)*

In one study, Dianzani et al, reported the presence of HPV type 6/11 in 88% of the examined skin tags. This result supported the hypothesis that HPV played a part in progression of cutaneous soft fibromas [5] but we did not investigate HPV in our patient.

Thapa et al, reported a 60-year-old man with a 6-year-hisory of a giant pedunculated skin tag over the inner side of the left thigh. It measured 6 cm in length and 4 cm in width distally [6].

Ghosh et al, reported a case series of four patients with giant skin tags. The first patient, a 32-year-old female, presented with a slowly growing asymptomatic brownish-black pedunculated mass measuring about 3×2.5 cm in size in her left nipple. The second patient, a 28-year-old pregnant woman, had almost a similar lesion in the same location which was present for 6 years but grew rapidly during pregnancy. The third patient was a 36-year-old male who presented with a mass hanging from his right eyelid for 5 years. It was 0.5×2 cm in size. The fourth patient was a 28-year-old man with a 2.5×2.5cm mass on the back of his right thigh for the last 2 years [7], but the lesion of our patient was bigger from these cases.

Canalize et al, reported 2 cases with giant skin tags on the labium major. The first case was a 19-year-old female with a lesion on the labium major for 2 years. The lesion was asymptomatic skin-colored pedunculated and measured 30 cm in diameter. The second case was a 56-year-old female with a pedunculated asymptomatic lesion measuring 15 cm in diameter. The patient had noted the gradually enlarging tumor since 4 years ago [8]. The lesions of these patients were bigger than the lesion of our patient.

In coclusion, it could be recommended to keep in mind the diagnosis of the giant skin tag in the differential diagnosis of any bulky skin tumor.

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