

Case Report

Giant acrochordon of gluteal region: A rare occurrence**Kuladeepa Ananda Vaidya¹, Sukesh²**¹Associate professor, Dept of pathology, Srinivas Institute of Medical Science and Research Centre Mukka, Surathkal²Professor and HOD, Dept of pathology, Srinivas Institute of Medical Science and Research Centre Mukka, Surathkal***Corresponding author**

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Abstract: Acrochordon is also known as skin tag or fibroepithelial polyp, it is a benign mesenchymal tumor presents as a small, pedunculated polyp. Here we are presenting a giant form of acrochordon over the gluteal region. Giant skin tags of gluteal region are rare, and only a few cases have been reported previously to the best of our knowledge.

Keywords: Acrochordon, skin tag, fibroepithelial polyp, mesenchymal tumor.

INTRODUCTION:

Acrochordon is the descriptive term for the soft, fleshy, sessile or pedunculated skin covered lesions [1], also known as fibroepithelial polyp. It is a common benign mesenchymal tumor, usually presents as a small, pedunculated polyp in intertriginous areas such as neck, axilla, groin and face [2, 3]. They are usually diagnosed by clinical features. However, histological examination may be needed for diagnosis in unusual cases [4]. We are presenting this case because of its giant size and unusual location.

CASE REPORT:

A 25 year old man came with the history of a lump on the left gluteal area since 1 year, which was gradually progressing in its size, was associated with

local discomfort and pain due to presence of skin ulcer since 3 weeks. On physical examination, there was a firm lobulated, polypoidal mass measuring 7x6x5.5cm attached to the lateral aspect of left gluteal fold skin through a peduncle. The surface of the swellings was lobulated giving a cauliflower like appearance [FIG1]. Skin over the mass showed an ulcer covered by slough. Excision was done under local anaesthesia and sent in 10% formalin for histopathological examination. Histopathological section showed a polypoidal tissue lined by ulcerated acanthotic stratified squamous keratinized epithelium with focal parakeratosis. Underlying stroma was fibrocollagenous with few adnexal structures; few scattered blood vessels, and showing sparse inflammatory cells infiltration. There was no evidence of malignant changes [FIG 2].



Fig 1: Skin covered polypoid mass with lobulated cauliflower like surface

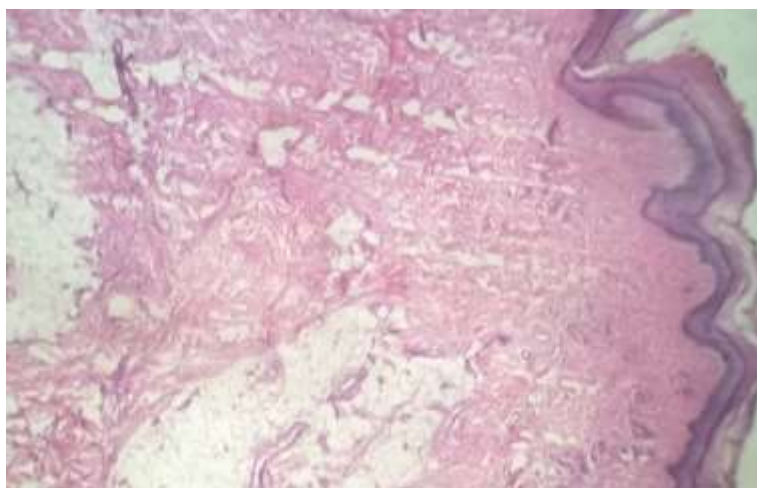


Fig 2: Microscopy- H&E stained section show hyperkeratotic, acanthotic epidermis, sub epithelial fibro-collagenous stroma with few small blood vessels and adipocytes.

DISCUSSION:

Acrochordons are usually asymptomatic but can occasionally become painful secondary to irritation or torsion and infarction. These lesions have an irregular or smooth surface, most commonly located on eye lids, neck, axilla, trunk, groin, and on the lumbar area [5, 6]. In our case patient presented with a polypoidal lesion on the left gluteal region, surface was irregular appearing like a cauliflower, history of discomfort was due to its large size, and since it was situated on pressure bearing area repeated trauma had led to skin ulcer and pain. The presence of skin tags may be an important marker for the presence of type II diabetes mellitus [7] but in our case, the patient was non diabetic and had no other significant medical history.

Histologically, these lesions are usually polypoidal with papillomatosis, hyperkeratosis and acanthosis, connective tissue stalk having loose collagen fibres and often contains dilated capillaries [8], microscopically present case showed partly ulcerated acanthotic skin with hyperkeratosis and focal parakeratosis due to chronic irritation. Sub epithelial tissue composed of both fibrous and fatty elements; focal areas with dense collagen deposition were also seen. A malignant transformation rate of 0.37% has been reported for all acrochordons, this risk may be higher for giant lesions, if features like chronic irritation and inflammation are present [9,10], thus histopathological examination plays its crucial role in this regard and in our case microscopically there were no features of atypia or malignancy.

CONCLUSION:

Acrochordon is a benign mesenchymal tumor presenting as a pedunculated, polypoidal projections covered by skin, commonly seen in neck, axilla, groin and face. Even though can be diagnosed by its clinical appearance, histopathological examination of this lesion is mandated for confirmation and to rule out other possibilities.

REFERENCES:

1. Emir L, Ak H, Karabulut A, Özer E, Erol D. A huge unusual mass on the penile skin: acrochordon. *International urology and nephrology*. 2004 Dec 1; 36(4):563-5.
2. Yan H, Treacy A, Yousef G, Stewart R. Giant fibroepithelial polyp of the glans penis not associated with condom-catheter use: A case report and literature review. *Canadian Urological Association Journal*. 2013 Sep; 7(9-10):E621.
3. Ghosh SK, Bandyopadhyay D, Chatterjee G, Bar C. Giant skin tags on unusual locations. *Journal of the European Academy of Dermatology and Venereology*. 2009 Feb 1; 23(2):233-.
4. Banik R, Lubach D. Skin tags: localization and frequencies according to sex and age. *Dermatology*. 1987 Jul 1; 174(4):180-3.
5. Abbasi F, Pourghasem G, Rezaei M. Giant skin tag. *J Surg Pak (Int)*. 2011 Oct; 16:183-4.
6. Emir L, Ak H, Karabulut A, Özer E, Erol D. A huge unusual mass on the penile skin: acrochordon. *International urology and nephrology*. 2004 Dec 1; 36(4):563-5.
7. Dianzani C, Calvieri S, Pierangeli A, Imperi M, Bucci M, Degener AM. The detection of human papillomavirus DNA in skin tags. *British Journal of Dermatology*. 1998 Apr 1; 138(4):649-51.
8. Field LM. A giant pendulous fibrolipoma In: Elder DE, Elenitsas R, Johnson BL, Murphy GF, Xu X, eds. *Lever's Histopathology of the Skin*. 10th ed. Philadelphia, USA: Wolters Kluwer, 2009:981
9. Aksoy B, Aksoy HM, CIVAŞ E, ÜSTÜN H. Giant skin tags located in the lower half of the body: Report of two cases. *Türkiye Klinikleri Journal of Medical Sciences*. 2009; 29(6):1770-2.
10. Loeper S, Ezzat S. Acromegaly: re-thinking the cancer risk. *Reviews in Endocrine and Metabolic Disorders*. 2008 Mar 1; 9(1):41-58.