

CASE REPORT

Rare Case of Giant Acrochordon of Vulva

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ABSTRACT

Acrochordon commonly known as skin tag is a benign mesenchymal lesion which appears on keratinized surface of skin folds. Most of them are 2 to 5 mm in dimension. Females have a greater predilection for the vulvovaginal region as compared with the cervix. The diagnosis may be misunderstood as being malignant due to its clinical picture and hence, histopathology report may be necessary for confirmation. This case reports the rarest of its kind with regard to its size measuring 55 × 10 × 20 cm. Thus, it becomes the largest acrochordon reported till date.

Keywords: Acrochordon, Benign lesion, Skin tag.

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Key Message: Acrochordon may also have an abnormal presentation and may misguide the diagnosis. A proper examination and histopathology reporting should be done for confirmation. Hence, one should have a high index of suspicion in these cases as they can have varied presentation.

INTRODUCTION

Acrochordons, also known as fibroepithelial polyps, are benign neoplasm commonly seen in obese adult women. They are typically present in areas of skin folds like neck, axilla, and groin or perianal region. These lesions present more commonly in the vagina¹ than the vulva or cervix. They generally vary in dimension ranging from 2 to 5 mm.² We describe a case of the largest acrochordon of the vulva reported so far, of the dimension 55 × 10 × 20 cm.

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CASE REPORT

A 25-year-old woman, para two living two, presented to the outpatient department with complaint of a soft pedunculated swelling over the left labia majora for the last 5 months. The swelling initially was approximately 3 × 4 cm in size which gradually increased to attain its present diameter. She was asymptomatic earlier but due to its increased size, it caused dragging pain over the perineum. She had regular menstrual cycle with normal blood flow. She had previous normal vaginal deliveries and the last child birth was 4 years back. There was no history of any other systemic disorder or any sexually transmitted infection. On examination, she was an average built female with a body mass index of 19.5 kg/m². Her vitals were stable. There was no pallor, icterus, edema and no lymph node enlargement. On local examination, there was an irregular cauliflower-like polypoidal mass of 20 × 10 × 5 cm arising from the left labia with a stalk measuring 1 cm in thickness. It was soft, nontender, and freely mobile. The overlying skin was hyperpigmented and there was a decubitus ulcer over the dependent part of the polypoidal mass (Fig. 1). The neck, axilla, groin, and other areas of the body had no swelling. Laboratory investigations were normal including blood sugar levels.

Total surgical resection of the mass was done under local anesthesia and intravenous sedation. The cut section revealed white homogeneous flesh. Histopathology report showed stratified epithelium-lined fibroconnective stroma with underlying stroma showing mild to moderate perivascular chronic inflammation.



Fig. 1: Polypoidal mass of 20 x 10 x 5 cm arising from the left labia with a stalk measuring 1 cm in thickness

DISCUSSION

Mostly the patients with acrochordon are asymptomatic unless the swelling increases in size to cause discomfort while walking or standing. They are commonly seen among general population with more propensities over the skin folds like neck, axilla, eyelid, and trunk, rarely seen over the perineum. They are pedunculated with stalk, measuring from 2 to 5 cm in length and are almost always benign.¹ Blood supply to them may be compromised and ulceration may occur,³ as presented here as a case report. Predisposing factors to such skin tags are obesity, diabetes, impaired carbohydrate metabolism, or associated human papillomavirus infection.⁴ High levels of estrogen and progesterone in pregnancy or increased level of growth factor may facilitate the development of acrochordon. Rarely, they may be the preliminary stage of basal cell carcinoma,⁵ and pathological interpretation maybe required to exclude the same. The prognosis is good and recurrence is not reported if total resection has being done.

Our patient was neither obese nor having any other systemic disorder. This case has being presented because

it is the largest reported acrochordon till date. Also the short history and cauliflower growth may be confused with malignancy and the diagnosis of the benign nature of the polyp was confirmed only after the histopathology report.

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