

Case Report

Giant Skin Tag: A Case Report

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Abstract

Skin tags are common skin colored, asymptomatic benign pedunculated tumors with smooth surface, located usually at the neck, axillae or groin. The average diameters of these lesions are around 2 mm, but larger lesions, called giant skin tags are reported rarely in the literature. Here we report a giant skin tag measuring 3×2.5cm diameter and located at right buttock, an unusual site of this tumor.

Key words: skin tag, Giant, Acrochordon.

Introduction

Skin tags also known as acrochordon, occur as multiple, soft, polypoid growths over flexural areas. These are benign tumors of skin with no propensity for malignant transformation. Common sites for skin tags include neck, axillae, groin and eyelids¹. The lesions are pedunculated attached to skin with a soft lean fibrous stalk. They range in size from 1mm to 1cm². Most skin tags are skin coloured or slightly hyperpigmented. They are usually asymptomatic unless inflamed or irritated³.

Etiology of this common disorder is unknown; however it has been reported to be associated with multiple systemic disorders like acromegaly, colonic polyps, and Birt-Hogg-Dube syndrome^{4,5,6}. Multiple skin tag like lesions in children may have also been described as the presenting sign of nevoid basal cell carcinoma syndrome⁷. An association of skin tags with diabetes mellitus was first reported in 1951⁸. No investigation is advised unless indicated by associated features of the underlying disorder and even biopsy is rarely done to confirm the diagnosis. Although skin tags are very

common and there incidence increases with age and both men and women are equally affected and close to 50% of all individuals have at least one skin tag, there are only a few case reports of giant skin tags in the literature³. Here we report a 35 years old man with a giant skin tag over buttock, an unusual site of this tumor.

Case Report

A 35 years old man presented to our dermatology outpatient department, Jahurul Islam Medical College hospital dated 12.05.2022.with a single asymptomatic pedunculated growth over right buttock since 15 years.

It started as a small raised lesion and gradually increases in both length and width and attained the present size. On physical examination, a solitary skin coloured, pedunculated non tender, freely movable, soft in consistency, smooth surface mass was seen that measured 3cm in length and 2.5cm in width, its pedicle was narrow and attached to the right buttock (Fig-1). Based on these physical findings, clinical diagnosis of skin tag was made by two senior dermatologists in the department. His family history was negative, he had no gastro-intestinal symptom and his lab investigations like complete blood count, urine analysis, blood sugar and lipid profile were normal.



Fig -1: Skin tag over right buttock (3cm×2.5cm)

Discussion

Skin tag is a benign most common fibrous lesion that commonly occurs in the natural folds of the skin. Men and women have equal incidence and their association with diabetes mellitus, insulin resistance, obesity, impaired carbohydrate and lipid metabolism, colonic polyps has been pointed out in many other studies^{5,9,10}. Our reported case was unique and unusual for several reasons. Firstly, the location of the lesion was uncommon, it was over right buttock but the common site for skin tags are neck, axillae and groin¹. Secondly, the size of the lesion normally varies between 1mm to 1cm², usually 2 mm, but in our case, it was 3×2.5 cm. Thirdly, our patient was a 35 years old young man, while most literature reported their incidence after 50 years of age¹¹ and moreover in our patient there were no evidence of genetic traits like naevoid BCC or Birt-Hogg-Dube syndrome nor of any metabolic disorders or colonic polyps mentioned above. Clinically, skin tags can resemble intradermal melanocytic nevi, seborrheic keratosis or pedunculated neurofibroma³. Histologically, skin tags are polypoid lesions which show Papillomatosis, hyperkeratosis and acanthosis. Connective tissue stalk is composed of loose collagen fibres and often contains dilated capillaries. The larger lesions show flattened epidermis and mature fat in the centre¹².

In our case, diagnosis was clinical and histological evaluation of skin tags are normally not required in adults but is advisable in children because of its association with nevoid basal cell carcinoma syndrome⁷. In fact, skin tags are more of a cosmetic issue than a clinical concern. Treatment involves electrocautery, cryotherapy and surgical excision³. In our patient electrocautery was performed.

In conclusion, skin tags are common but giant skin tags in an unusual location are uncommon and only few case reports are present in the literature, so 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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