Giant Skin Tags Located in the Lower Half of the Body: Report of Two Cases

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Skin tags are among the most common benign skin lesions. They are usually small and skin-colored lesions and located frequently in the axilla and the neck. A 72-year-old female patient presented with a pedunculated tumor of 4 cm in diameter, localized on the right lower abdomen that was present for 3 years. The lesion was excised and the histopathological diagnosis was "fibroepithelial polyp". A 34-year-old female patient presented with a pedunculated skin tumor measuring 6 cm in diameter. The tumor was located in the upper third of the right inner thigh and was present for 6 years. The lesion was removed and the histopathological diagnosis was “fibroepithelial polyp”. To our knowledge, a case of a giant skin tag localized on the lower abdomen has not been reported in the literature. Malignant transformation has been reported in giant skin tags. Therefore surgical treatment and histopathological examination of excised tumors are important.

Key Words: Skin neoplasms; fibroepithelial

Skin tags are also known as cutaneous fibroepithelial polyps, acroc-hordon, soft fibroma, fibroma molle and fibroma pendulans. They are among the most common benign skin lesions. They are pedunculated lesions localized mostly in the axilla and the neck. In this report we describe two patients with giant skin tags localized on the abdomen and thigh.
CASE REPORTS

CASE 1
A 72-year-old female patient applied to dermatology outpatient clinic with a mass located on her abdomen. The lesion was present for 3 years and grew slowly. On dermatological examination there was a pedunculated skin-colored tumor measuring approximately 4 cm in the largest diameter, and it was located in the right lower abdominal quadrant (Figure 1). There were also multiple pedunculated papules in the neck region. The lesion was excised under local anesthesia and sent for histopathological examination. The histopathological examination revealed coarse collagen bundles, adipose tissue, congested blood vessels and mild lymphoplasmocytic infiltration in the subcutaneous tissue. The polypoid lesion was covered with stratified squamous epithelium. The histopathological diagnosis was fibroepithelial polyp. There was no evidence of malignant transformation or atypical cellular proliferation.

CASE 2
A 34-year-old female patient applied to the dermatology outpatient clinic with a mass located on her right thigh. The lesion was present for 6 years and grew slowly. On dermatological examination there was a pedunculated skin-colored tumor measuring 6 cm in diameter that was located in the upper third of the right inner thigh (Figure 2). The lesion was excised under local anesthesia. Histopathological features were similar to Case 1, and consequently diagnosed as a “fibroepithelial polyp”. There was no evidence of malignancy.

DISCUSSION
The size of the skin tags has been reported to range between 2 mm to 5 cm in the literature. However, skin tags are usually less than 5 mm in size in clinical practice. Giant fibroepithelial polyps are reported mostly in the lower half of the body and especially in the penis and vulvovaginal area in the literature. Doe and Grattan reported a giant skin tag on the labia major. Giant skin tags were also reported in other locations. Tan et al reported a giant skin tag measuring 8 cm in diameter in the popliteal fossa.

A malignant transformation rate of 0.37% has been reported for all skin tags. Giant skin tags may have a higher potential for malignant transformation. Agir et al. described a case of a large fibroepithelial polyp located in the left superior inner thigh region, and an aggressive squamous cell carcinoma was present in a similar large fibroepithelial polyp located in the right knee region. The authors proposed that particularly chronically irritated and inflamed skin tags are prone to the development of squamous cell carcinomas. In conclusion, all skin tags having chronic sun exposure and/or irritation are dangerous. Thus, all but especially giant skin tags should be totally removed and the specimens should be histopathologically examined. Since giant skin tags are likely to be exposed to chronic irritation by friction and pressure, we excised the lesions in our two cases and performed histopathological examination of the surgical specimens.

In this report we describe two patients with giant skin tags located on the abdomen and thigh. To our knowledge, there is no case of a giant skin tag localized on the lower abdomen in the literature. These two cases are interesting as such giant skin tags are very rare and they may have a potential for malignant transformation as a result of chronic irritation.
REFERENCES


