CASE REPORT

Fibroepithelial polyp/ skin tag – unusual presentation- A Case Report

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Summary:

An 18 year old female had presented with multiple skin tags all over her body. She is bearing these extensive skin tags since her very childhood. Her mother and younger sisters also have similar skin tags but not so extensive. So far the polyps were symptomless until she reached seventeen. At this time these grew excessively both in numbers and size, particularly at the cheek, nasolabial folds and lateral nasal wall of both sides. These also became infected and were very uncomfortable and unsightly. The lesion was biopsied and said Fibroepithelial polyp and there were no malignant changes. She was admitted in the ENT department of DMCH on 27-6-08 and was operated upon by joint team of Plastic and ENT Surgeons on 21-7-08. The polyps along with underlying skin was excised, full thickness graft was given to cover the defect. Donor site was medial aspect of right forearm. She was followed up for three months with no recurrence of the polyps in the grafted areas and graft color was satisfactory. Apart from mental retardation and frequent violent irrational behavior no other systemic illnesses was found in this patient.

Introduction:

Fibroepithelial polyp (FEP) (acrochordons) is a polypoid outgrowth of both epidermis and dermal fibrovascular tissue, common terminology for any small benign cutaneous lesion.

They are small, soft, commonly benign, usually pedunculated neoplasm found particularly in persons who are obese. It is usually skin colored or hyperpigmented, and it may appear as surface nodules or papillomas on healthy skin. Most (FEP) vary in size from 2-5 mm in diameter, although larger (FEP) up to 5 cm in diameter are sometimes evident. The most frequent localizations are the neck and the axilla, but any skin fold, including the groin, may be affected[1].

Theories have suggested that a localized paucity of elastic tissue may result in sessile or atrophic lesions. It is also thought that pendulous variations may be caused by losses of large confluent areas of elastin; however, a 1999 study of elastic tissue in Fibroepithelial polyps (FEPs) showed no significant abnormalities[2].

These have been reported to have an incidence of 46% in the general population and are benign tumors. On rare occasions, histological examination of a clinically diagnosed FEP reveals a basal or squamous cell carcinoma. An equal prevalence of acrochordons exists in males and females[3,4].

When present, acrochordons increase in frequency up through the fifth decade. As many as 59% of persons may have acrochordons by the time they are aged 70 years. A family history sometimes exists.

These tumors are usually asymptomatic, and they do not become painful unless inflamed or irritated. Patients may complain of pruritus or discomfort when an acrochordon is snagged by jewelery or clothing. Pedunculated lesions may become twisted, infarcted, and fall off spontaneously[5].

Hormone imbalances may facilitate the development of acrochordons (e.g. high levels of estrogen and progesterone during pregnancy, high levels of growth hormone in acromegaly).

Human papilloma virus (HPV) types 6/11 DNA were found in a high percentage of skin tag biopsy samples obtained from 49 white patients (see Human Papilloma virus and/or the Medscape HPV and Cervical Cancer

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Resource Center). Viral infection should be considered as a pathogenic co-factor.[2,6]

Case Report:

An 18 year old, unmarried girl presented to ENT department of DMCH with multiple skin tags in her face, densely along the nasolabial folds, lateral nasal walls and adjacent cheek (Fig.1). The skin tags were infected with purulent bad odorous discharge trickling down. She also complains of pruritus over the congregated lesions.

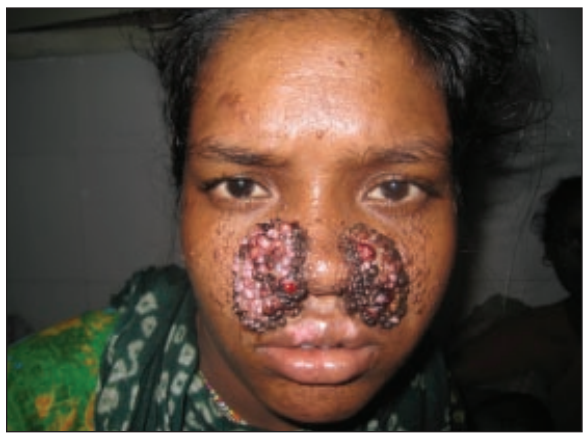

Fig.1- Bilateral facial fibroepithelial polyps

According to her mother she developed these skin tags at the age of four. Initially those were small and scattered all over her body predominantly on the face and as she grew up these increased in size and became more obvious. For the last one year the tags grew bigger and increased in numbers along both the nasolabial folds and for the last six months it became infected.

She also had psychiatric problems and delayed milestones of development and was under psychiatric treatment.

Her grandfather, mother and two other sisters also had similar skin tags but they were symptom free.

The skin tags were biopsied and said fibroepithelial polyp. No malignant change was detected.

She was operated on 21.7.2008. All the skin tags along with the underlying skin were excised (Fig.2 & 4). The defects were closed by full thickness skin graft (Fig.3) taken from medial aspect of right arm. First dressing change was done on the 5th post operative day and stitches were removed on day fourteen. She was followed up for three months and there was no recurrence of the skin tags at the recipient area. The

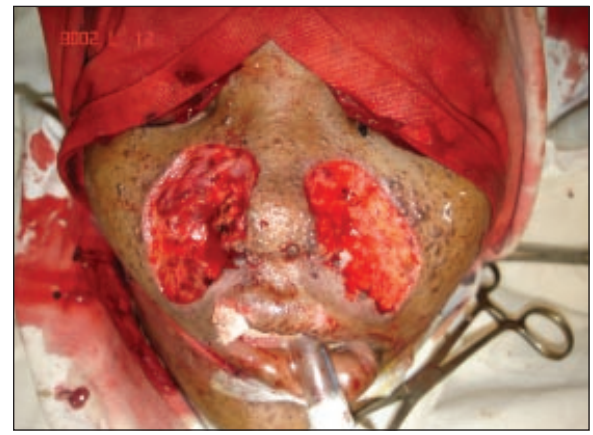

Fig.2-After Excision

donor skin was cosmetically acceptable to the patient.

She underwent investigations for other illnesses. She found to be nondiabetic & normotensive. However she had psychiatric problems in the form of occasional violent behaviors and mental retardation. Her mother had port wine stain on the face along with the polyps

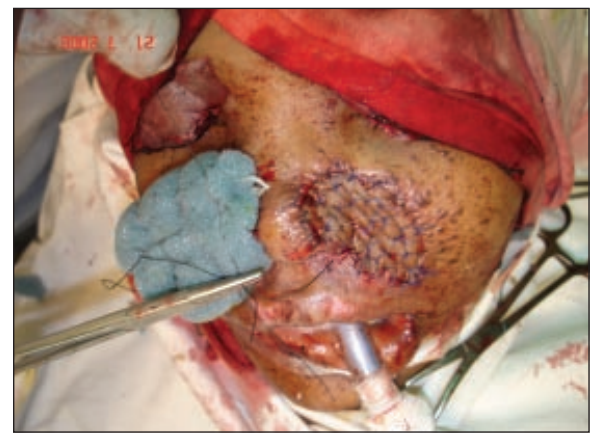

Fig.3- Full thickness Skin graft

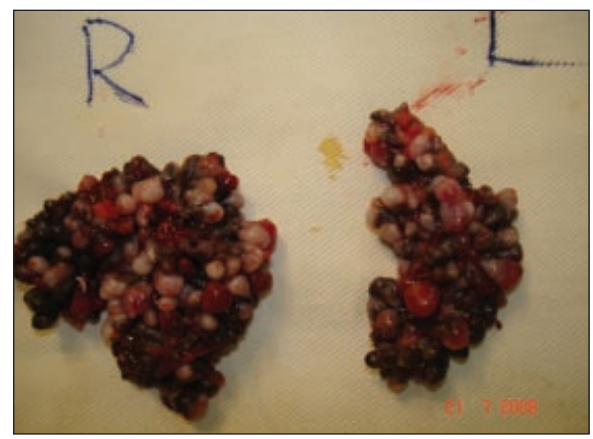

Fig.4- Excised Polyps

and two younger sisters had no associated diseases. Her father had no such polyps.

Discussion:

Multiple fibrofolliculomas, trichodiscomas, and acrochordons compose the triad of cutaneous lesions characterizing the Birt-Hogg-Dube syndrome, inherited in an autosomal dominant fashion. The case had a family history of FEPs but no other benign neoplasia.[7]

Acrochordons were reported to have a probable association with diabetes mellitus but not found in this case.[8,9,10]

Acrochordons as a presenting sign of nevoid basal cell carcinoma syndrome but no malignancy was found in the case.

Though in this case the bunches of skin tags were excised along with the skin, small, pedunculated acrochordons may be removed with curved or serrated blade scissors, while larger skin tags may simply require excision. For small acrochordons, application of aluminum chloride prior to removal will decrease the amount of minor bleeding.

Anesthesia prior to electrodessication is another option.

Other methods of removal include cryotherapy and ligation with a suture or a copper wire; however, freezing of the surrounding skin during liquid nitrogen cryotherapy may result in dyschromic lesions. Taking hold of the acrochordon with forceps and applying cryotherapy to the forceps may provide superior results[12,13].

References:

1. Brodell RT, Pokorney DR. Fibroepithelial polyps and pathologic evaluation. Arch Dermatol. Jul 1997; 133(7): 915-6. [Medline].
2. Adams BB, Mutasim DF. Elastic tissue in fibroepithelial polyps. Am J Dermatopathol. Oct 1999; 21(5): 446-8. [Medline].
3. Chiritescu E, Maloney ME. Acrochordons as a presenting sign of nevoid basal cell carcinoma syndrome. J Am Acad Dermatol. May 2001; 44(5): 789-94. [Medline].
4. Eads TJ, Chuang TY, Fabre VC, Farmer ER, Hood AF. The utility of submitting fibroepithelial polyps for histological examination. Arch Dermatol. Dec 1996; 132(12): 1459-62. [Medline].
5. Menn JJ, Boberg J. Fibroepithelial polyps. An unusual case report. J Am Podiatr Med Assoc. Sep 1990; 80(9): 496-8. [Medline].
6. Dianzani C, Calvieri S, Pierangeli A, Imperi M, Bucci M, Degener AM. The detection of human papillomavirus DNA in skin tags. Br J Dermatol. Apr 1998; 138(4): 649-51. [Medline].
7. Kawasaki H, Sawamura D, Nakazawa H, Hattori N, Goto M, Sato-Matsumura KC, et al. Detection of 1733insC mutations in an Asian family with Birt-Hogg-Dube syndrome. Br J Dermatol. Jan 2005; 152(1): 142-5. [Medline].
8. Levine N. Brown patches, skin tags on axilla. Are this patient's velvety plaques related to his obesity and diabetes?. Geriatrics. Oct 1996; 51(10): 27. [Medline].
9. Thappa DM. Skin tags as markers of diabetes mellitus: an epidemiological study in India. J Dermatol. Oct 1995;22(10):729-31. [Medline].
10. Mathur SK, Bhargava P. Insulin resistance and skin tags. Dermatol. 1997; 195(2): 184. [Medline].
11. Worm M, Skarabis W, Audring H, Sterry W, Kolde G. Nevoid bag-like soft fibromas. Dermatol. 1999; 199(2): 167-8. [Medline].
12. Monfrecola G, Riccio G, Viola L, Procaccini EM. A simple cryo-technique for the treatment of cutaneous soft fibromas. J Dermatol Surg Oncol. Feb 1994; 20(2): 151-2. [Medline].
13. Toro JR, Glenn G, Duray P, Darling T, Weirich G, Zbar B, et al. Birt-Hogg-Dubé syndrome: a novel marker of kidney neoplasia. Arch Dermatol, Oct 1999; 135(10): 1195-202. [Medline].