

GIANT FIBROEPITHELIAL POLYP OF THIGH: A CASE REPORT**Dr. Mukesh Kumar¹, Dr. Anupam Sharma² and Dr. Shikha Sharma^{2*}**¹MS General Surgery, Medical Officer, Regional Hospital Bilaspur (HP).²MS OBS and Gynae, Medical Officer, Regional Hospital Bilaspur (HP).***Corresponding Author: Dr. Shikha Sharma**

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ABSTRACT

Fibroepithelial polyps or Skin tags are the most common fibrous lesions of skin. They are skin colored, asymptomatic pedunculated tumors with smooth surface. They are located usually at the neck, axilla 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. Skin tag often appears or increases in number when a patient is gaining weight, having insulin resistance or during pregnancy. We report a 45 year old woman with giant skin tag measuring 13 cm over the medial aspect of upper part of right thigh.

INTRODUCTION

Fibroepithelial polyps or acrochordons are benign tumors of mesenchymal and ectodermal origin. They are commonly known as skin tags. They are polypoid outgrowths of epidermis and dermal fibrovascular tissue. They are mainly seen in obese postmenopausal females. Usual size varies from 1 to 5 mm, rarely exceeds 2 cm.¹ They involve intertriginous areas such as the neck, axilla, or groin.¹ There are different opinions about how FEPs reach these sizes and what triggers the growth. FEPs located in the genital tract are seen more frequently in women and in reproductive age especially during pregnancy.² The sensitivity of epithelium to hormones and hormonal changes may be the cause of the growth of FEPs in this area.³ For the FEPs that are located in other locations and reached huge sizes, a positive correlation between obesity, insulin resistance and FEP growth has been proposed.^{4,5}

CASE REPORT

A 45 year-old female patient presented with a 13 centimeters long pedunculated mass with a 2 x 3 centimeters base located on the upper part of medial aspect of right thigh (Fig 1&2). She stated that the mass has been progressive and gradually grown to this size in past 5 years. Apart from this, the patient was obese with BMI of 32. There was no history of diabetes mellitus.

An ultrasound (USG) of abdomen and right thigh was performed which showed pedunculated echogenic soft tissue in the upper part of medial aspect of right thigh. The patient was scheduled for surgical excision. Patient's informed consent form was obtained for this procedure. Under regional anesthesia, the mass was excised up to the superficial fascia with a 5 millimeters safety margin.

Patient was discharged on first post-operative day. The histopathology report of the lesion was reported as a benign fibroepithelial polyp covered with stratified squamous epithelium. Its core was containing fibrovascular connective tissue with adipose tissue. At its tip there was haemorrhage and ulceration. No pleomorphic stromal cells or mitoses were seen.

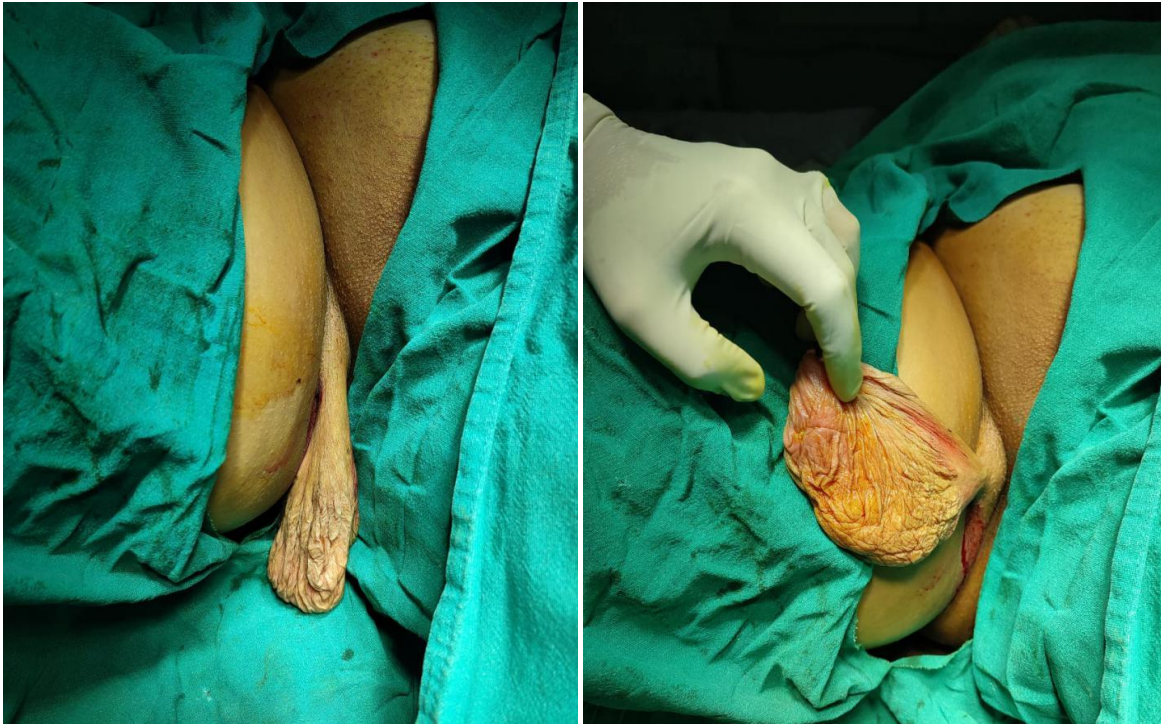


Fig 1 & 2: A pedunculated mass on the upper part of medial aspect of right thigh.



Fig. 3: Excised pedunculated mass.

DISCUSSION

Fibroepithelial polyps or Skin tags are the most common fibrous lesion of the skin. They are seen in 25% of the population and their frequency increases with age.^[6] Men and women are equally affected and around 50% of all individuals have at least one skin tag.^[7] They present as soft skin colored to slightly hyperpigmented lesions, predominantly on the neck, axilla and groin, but may be scattered elsewhere.^[1,7] They can also be located in the genital tract. In this case, they have a hormone-sensitive epithelial structure and their incidence increases, especially in women at reproductive age.^[2,3] They are usually asymptomatic but can occasionally become painful secondary to irritation or torsion and infarction with an accompanying change in their color to a darker red-brown hue.^[7]

There are three clinical types of FEPs: furrowed papules approximately 2 millimeters in width and height; filiform lesions, approximately 2 millimeters in width and 5 millimeters in height; and large bag-like protuberances. The term 'acrochordon' is used for the smaller lesions, while FEP is generally used for the larger lesions.^[8] They occasionally grow more than 5 centimeters and these are called giant FEP.

Histologically, the skin tags are polypoidal lesions which show papillomatosis, hyperkeratosis and acanthosis. Connective tissue stalk is composed of loose connective fibers and often contains dilated capillaries. The larger lesions show flattened epidermis and mature fat in the centre.^[9]

There are various hypotheses about why FEPs grow that much. It has been proposed that the epithelium of the FEPs located in the genital tract is hormone-sensitive and extended hormone intake, pregnancy or hormonal changes can trigger their growth.^[2,3] Relationship of skin tags with impaired glucose tolerance, obesity and colonic polyps has been pointed out in some studies.^[7,10] In this case as the patient is obese for long period, morbid obesity of the patient might be the cause of the growth of FEP.^[6] In 2004, Fetsch et al.^[11] described a lymphedematous FEP on the penis associated with the use of chronic condom catheters. According to this study, allergic reactions that arise from edema, inflammation and latex allergy due to chronic condom catheter use may play a role in the pathogenesis of lymphedematous FEP.

The skin tags are more of a cosmetic issue than a clinical concern.^[7] Both electrocautery and cryotherapy are usually curative. Simple excision is needed in case of large lesions.^[12] The resulting defect may require closure with local flaps or skin grafts. In our patient simple excision was performed, because of large size of the lesion.

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