



## Giant Acrochordon of Vulva

Madhusudan Dey, Reema Kumar, Raghu Sriram

Department of Obstetric and Gynecology, Armed Forces Medical College, Pune, India

### Abstract

*Giant acrochordon or fibroepithelial stromal polyps usually occur in middle aged women, and present more commonly in vagina than cervix or vulva. They are generally 2-5 mm in size and, large vulvo-vaginal acrochordons are rare and will require histopathological examination for definitive diagnosis. We are presenting a case of 8x5 cm giant vulval acrochordon.*

**Key Words:** Acrochordon, fibroepithelial polyp, malignancy, vulva

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**Corresponding Author:** Madhusudan Dey, Department of Obstetric and Gynecology, Armed Forces Medical College, Pune, India

**E-Mail:** deym1@yahoo.com      **Phone:** +91-7798884268

## **Introduction**

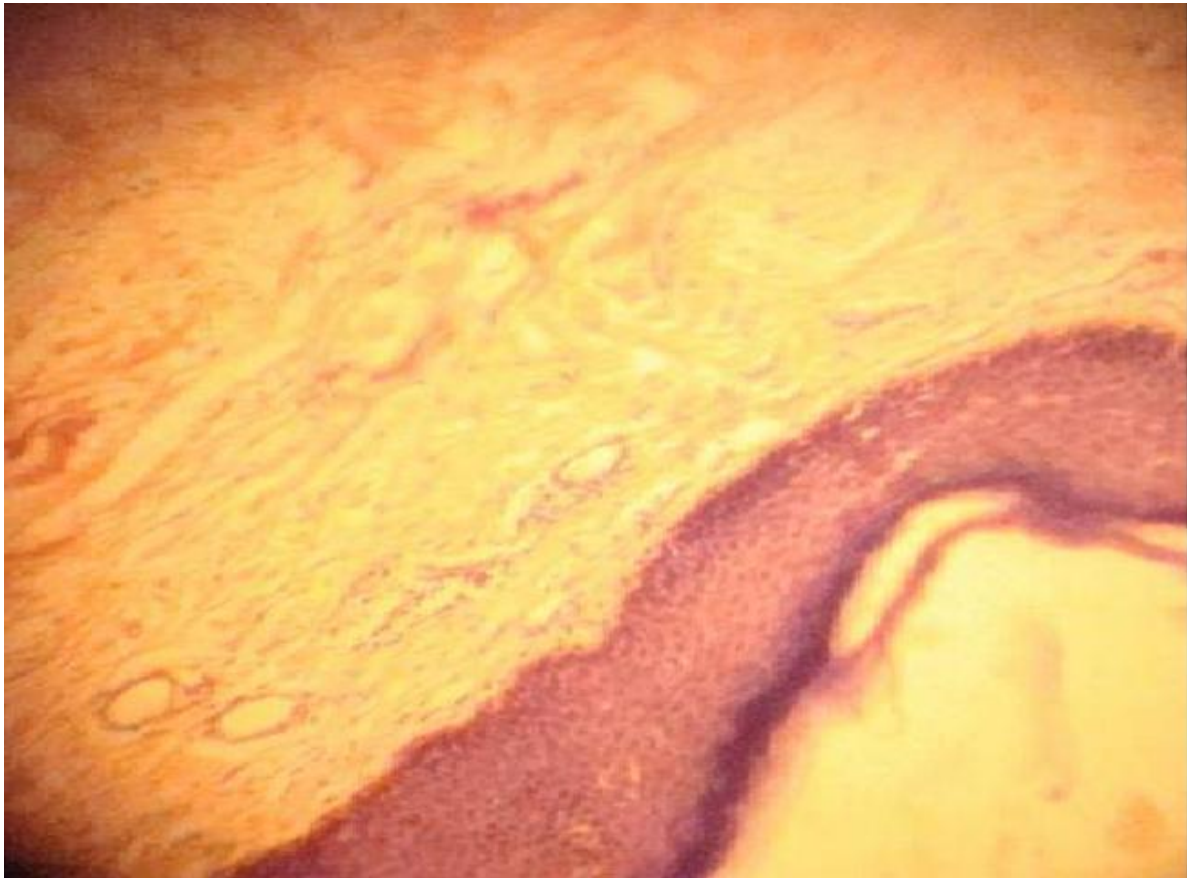
Acrochordons or skin tags also referred as fibroepithelial polyps (FEPs) are common lesions that typically occur in adults, especially obese women. They show a predilection for the neck, axilla, and groin. These lesions usually occur in young to middle-aged women and present more commonly in the vagina [1] than in the vulva and cervix where they occur rarely [2]. Fibroepithelial polyps are a benign polypoid tumour of the vulvar skin with a variable stromal and epithelial component thought to arise from a regressing nevus. They are generally 2-5 mm in size and rarely exceed 1-2 cm [3]. Their clinical features may overlap with those of malignant neoplasms and so a biopsy is often necessary to make a definitive diagnosis [4].

## **Case**

A 32-year-old woman, para 2 living 2, presented with a swelling in the right labia, which was noticed 10 months back. The swelling which was initially 1-2 cm increased to its present size over 10 months. There was no history of fever and pain over the swelling. Her menstrual history was normal. She had previous vaginal deliveries and the last childbirth was three years back. The general physical examination revealed that she was overweight with BMI of 28.5/m<sup>2</sup> and other systemic examinations were normal. The neck, axilla, groin and other areas of the body had no swelling. Local examination revealed a large polypoidal growth covered by skin measuring 8.5 × 5 × 3 cm arising from the right labia majora (Figure 1). The skin over the growth was normal with no signs of inflammation or ulceration. The growth was soft in palpation with no tenderness over the growth and local lymph node enlargement was absent. Laboratory investigations were normal including blood sugar levels. Total surgical excision of the mass was performed under local anaesthesia. Histopathological examination showed a tumour with an overlying squamous epithelium. The stroma showed stellate cells particularly near the stromal epithelial interface with a prominent vascular component (Figure 2). Mitoses were scant with little atypis suggestive of fibroepithelial stromal polyp.



**Figure 1.** Giant acrochordon of right labia majora.



**Figure 2.** Squamous epithelium with underlying stroma showing a prominent vascular component

### Discussion

An acrochordon is usually asymptomatic, noted by the patient only on palpation or visual examination. Smaller sized acrochordons are occasionally referred to as skin tags. These benign tumours typically arise in hair bearing skin and are often present for several years before excised. They may occasionally enlarge sufficiently to results in formation of a giant acrochordon, presented here as a case report. Blood supply to the giant acrochordon may be

compromised and ulceration may occur [5]. Acrochordons may persist for many years and can attain a huge size as large as 2.5 Kg [6].

Histologically, FEPs may be of two types: one that is predominantly epithelial and the other that is primarily stromal. Frequent irritation seems to be an important causative factor, especially, in persons who are obese. An opinion also exists that FEPs are simply the effect of skin aging, with many factors responsible for their development. Hormone imbalances may facilitate the development of FEPs (e.g., high levels of estrogen and progesterone during pregnancy). Larger lesions are likely to arise from the proliferation of mesenchymal cells within the hormonally sensitive subepithelial stromal layer of the lower genital tract. Rarely, these stromal cells show marked atypia [2].

The small asymptomatic acrochordons does not require excision, unless concerns exist about the final tissue diagnosis. Many patients request removal because of acrochordons creates a sense of discomfort. The giant acrochordon will create obvious problem, with mere presence of a large lesion between the thighs resulting in discomfort while walking. Excision is the treatment for symptomatic acrochordon. Few of the acrochordons may be the preliminary stage of basal cell carcinoma [7] and expert pathological interpretation may be necessary to exclude lesions such as aggressive angiomyxoma, angiomyofibroblastoma and sarcoma [8]. Recurrence has been reported, probably related to incomplete excision or multifocality, and giant lesions have also been reported in association with other dermatoses [9]. Acrochordons are associated with type 2 diabetes mellitus and obesity [10] and lifestyle modification will be helpful in patients with acrochordons with high levels of triglycerides and low levels of high density lipoproteins [11].

In conclusion, giant acrochordon or fibroepithelial stromal polyp of vulval region is rare benign tumour that can be misinterpreted as malignant due to its wide range of morphological appearances and histopathological interpretation is necessary to exclude malignancy.

**Conflict of interest:** None identified.

**Consent:** Written informed consent was taken from the patient for publication of case report.

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