

Giant acrochordons arising from genitals in a postmenopausal non-obese woman

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A 65 year old post menopausal female presented to our dermatological out patient department with a chief complaint of mass hanging from the genital area for the last two and a half years. Initially the swelling was very small which has progressively increased to form a bigger mass to produce a feeling of discomfort due to the weight of the lesion during walking. The apprehension of increasing size was one of the concerns for visiting hospital. There was no history of pain, itching, fever, ulceration, bleeding or any discharge from the lesion. There was no history of any sudden increase, postural or diurnal change in the size of swelling. Patient didn't report any aggravating/relieving factors in relation to the size of the swelling.

On examination, she was non obese with a BMI of 20.77. Cutaneous examination revealed two major, skin coloured, pedunculated, soft fleshy masses measuring 15×5 cm and 8×5 cm with a thick stalk arising from the anterior surface of left labia majus and vulvar region (Fig. 1). The surface of the swellings was lobulated. There were also 3-4 smaller swellings arising from the upper aspect of one of the major swellings around the size of 2.5×1.5 cm. Skin overlying the swellings was normal with no redness, discharge or ulceration. There were no visible pulsations. The swelling was nonreducible with no palpable thrill. Cough impulse was absent. No bruit was audible on auscultation. There was no regional lymphadenopathy. Hemial orifices were intact. Systemic and genitourinary examination was unremarkable. Her Blood sugar and lipid profile were normal. The masses were diagnosed as acrochordons based on history and suggestive clinical findings. The



Figure 1: Giant acrochordons in a post menopausal non-obese woman.

lesions were surgically excised to confirm the diagnosis and to rule out any malignant change.

The swellings in the present case were giant acrochordons. An Acrochordon (fibroepithelial polyp) is a common benign tumor mainly seen in obese individuals. In the general population, its incidence has been around 46% [1]. Most acrochordons vary in size from 2 to 5 mm in diameter [2]. The unusually large sized acrochordons have been rarely reported. In women, peak incidence is seen in 20-40 years of age. Regarding genital acrochordons in women, these are more commonly seen in vagina than vulva and cervix [2]. Postmenopausal cases are rarely seen. Various conditions have been associated with acrochordons which include obesity, dyslipidemias, pregnancy, insulin resistance, type 2 diabetes mellitus, genetic

How to cite this article: Arif T, Amin SS. Giant acrochordons arising from genitals in a postmenopausal non-obese woman. Our Dermatol Online. 2016;7(3):341-342.

Submission: 25.12.2015; **Acceptance:** 23.04.2016

DOI: 10.7241/ourd.20163.92

predisposition, human papilloma virus 6 and 11 and acromegaly [3].

The presence of unusually large acrochordons, in a postmenopausal non-obese woman arising from vulvar/labial site with no associated clinical conditions makes this case a rare one and hence reported.

Consent

The examination of the patient was conducted according to the Declaration of Helsinki principles. Written informed consent was obtained from the patient for publication of this article and any accompanying images.

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Source of Support: Nil, **Conflict of Interest:** None declared.