



A Study on Acrochordon/Dermatosis Papulosa Nigrans Among Patients Visiting Dermatology OPD in A Tertiary Care Hospital, Chennai

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ABSTRACT

Acrochordon is a common benign neoplasm that is small, soft or pedunculated and found particularly in obese persons. Dermatosis Papulosa Nigrans (DPN) is a benign cutaneous condition characterized by multiple, small, hyperpigmented papules on the face that are asymptomatic. Our Study is to find out the age, sex, site of occurrence, and proportion of Acrochordon/DPN. Acrochordon/DPNs were found to be common in 15-45 year age group and were more commonly seen in Females. The common site of occurrence of Acrochordon was Neck, whereas DPNs were common in face. Hence larger studies can be conducted on associations and biochemical parameters.

KEYWORDS : Acrochordons , DPNs, benign neoplasm

Introduction:

Acrochordon is a small, soft, common, benign, usually pedunculated neoplasm that is found particularly in obese persons. It is usually skin colored or hyperpigmented and it may appear as surface nodules or papillomas on healthy skin. They vary in size from 2-5mm diameter and larger ones upto 5cm in diameter. Most frequent localizations are neck, axillae, any skin fold and groin.

Dermatosis Papulosa Nigrans(DPN) is a benign cutaneous condition common among blacks. It is usually characterized by multiple, asymptomatic, small, hyperpigmented papules on the face.

Materials & Methods:

This study was conducted at Dermatology OPD in a tertiary care hospital, Chennai from May 2015 to April 2016. All the patients attending Dermatology OPD were clinically examined for the presence of Acrochordon/DPN.

Results:

The total number of patients who attended Dermatology OPD in the study period was 6335. Among them, patients with DPN alone were 49, Acrochordon 25, DPN/ Acrochordon 2 and with DPN/ Acrochordon /other cutaneous lesions 15.

Table 1: Total Number of Patients

LESIONS	NUMBER OF PATIENTS
DPN	49
Acrochordon	25
DPN/ Acrochordon	2
DPN/ Acrochordon/ other cutaneous lesions	15

Figure 1:

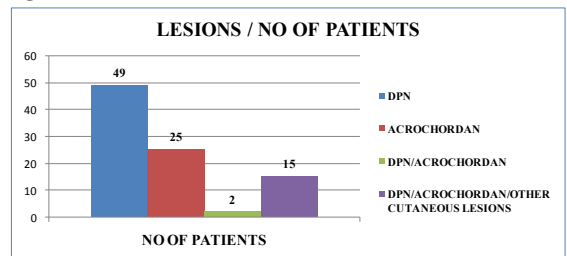


Table 2: Age Group Distribution

Age Group (Years)	DPN	Acrochordon	DPN/ Acrochordon	DPN/ Acrochordon/ other Cutaneous Lesions
15-30	29	5	1	7
30-45	14	8	1	5
45-60	5	10	0	2
60- 75	1	2	0	1

Figure 2 :

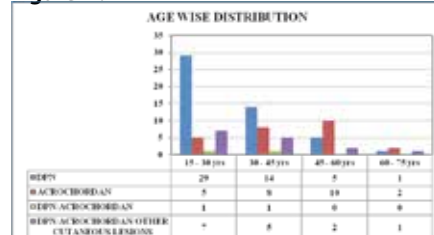


Table 3: Sex wise Distribution

Lesions	Males	Females
DPN	7	42
Acrochordon	6	19
DPN/ Acrochordon	0	2
DPN/ Acrochordon/ other cutaneous lesions	6	9

Figure 3:

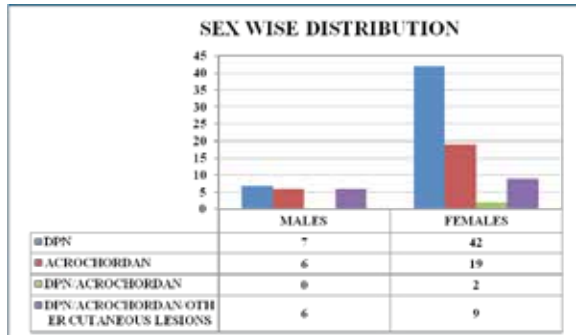


Table 4: Sites of Occurrence

Lesions	Face	Neck	Face & Neck	other Sites
DPN	20	13	14	2
Acrochordon	0	21	0	4
DPN/ Acrochordon	0	2	0	0
DPN/ Acrochordon/ other cutaneous lesions	0	7	0	8

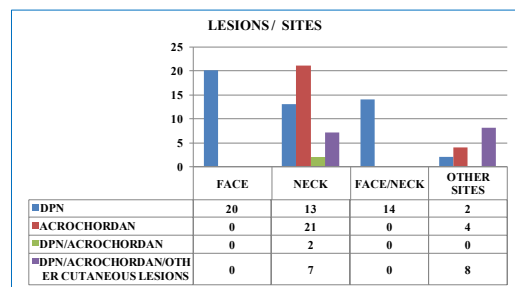


Figure 4:

Discussion:

The study showed that DPNs were more common than Acrochordon. when compared to the study done by Demir, S. et al. It was found that DPNs and Acrochordons were common in females than males, in our study. Age group distribution was more in 15-30 years and 30-45 years females when compared to the study done by Bhargava P, Madhur D et al. DPN were commonly seen in face whereas Acrochordons were seen on neck and other sites like skin fold, axillae, groin. In our study we found that acrochordons were associated with other cutaneous lesions like DPNs, seborrheic keratosis, cherry angiomas, and acne. Few patients with acrochordons were diabetics. DPN/Acrochordon lesions were removed with electro surgery (radiofrequency) in some patients. Normally DPN/Acrochordon are removed with Radiofrequency/fractional lasers to avoid damage to the surrounding skin.

Clinical Pictures of Acrochordon and DPN:



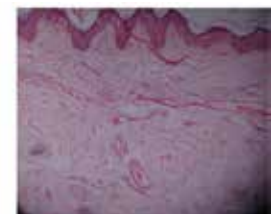
Picture showing Acrochordons in the neck



Picture showing DPNs on the face

Histopathology of Acrochordon:

Multiple sections studied shows stratified squamous epithelium with subepithelial fibro collagenous tissue, chronic inflammatory cells and mature adipocytes.



SLIDE 1

SLIDE 2

Conclusion:

Our study is mainly focused on age, sex and site of patients with DPN/ Acrochordon. Mostly patients with DPN/Acrochordon seek medical help for cosmetological purposes. Acrochordon is also a cutaneous marker for diabetes. Our study is a short period one. Larger studies can be done focussing on biochemical parameters to rule out any systemic associations so that prompt treatment can be given accordingly.

References:

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