Original Research Paper

Volume : 5 | Issue : 10 | October 2016 • ISSN No 2277 - 8179 | IF : 3.508 | IC Value : 69.48

Giant Acrochordon of Labia Majora- An Unusual Presentation of A Common Disease

Medical Science

KEYWORDS : Giant acrochordon, fibroepithelial polyp, soft fibroma.

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ABSTRACT

Acrochordon is a common benign neoplasm, measuring about 1 – 5 mm in size located most commonly located in the neck and flexures. Herein, we report a 25-year-old female with giant acrochordon over the labia majora, wide local excision was performed and the diagnosis was confirmed by histopathological examination. This case is being reported for its unusual site and size of presentation.

Case Report:

A 25-year-old female, housewife by occupation, presented with asymptomatic hyperpigmented growth from the labia majora for the past three years, insidious in onset, initially started as a pea sized lesion, which gradually progressed in size. Patient experienced discomfort while walking due to friction of the mass between the thighs. Not associated with pain, redness, ulceration, bleeding and discharge. No history suggestive of sudden increase in the size or diurnal variation. Cutaneous examination revealed a well-defined, hyperpigmented, soft fleshy, pedunculated mass with lobulations and wrinkled appearance measuring 10 x 5 cm over the left side of labia majora [Fig 1 (a) and (b)]. On palpation, it was not tender, non-pulsatile, soft in consistency and freely mobile. No palpable thrill and bruit. No inguinal lymphadenopathy. Systemic examination was normal. Lipid profile was normal. We considered the following differential diagnosis- acrochordon, plexiform neurofibroma, vulval varicosities, haemangioma and sarcoma. With proper consent, under aseptic precautions, we performed wide local excision and sent for histopathological examination, which revealed hyperkeratosis, papillomatosis and regular acanthosis in the epidermis. The connective tissue stalk is composed of loose collagen fibres, numerous dilated capillaries filled with erythrocytes [Fig 2 (a) and (b)]. The histopathological features were consistent with Fibroepithelial polyp (acrochordon).

Discussion:

Acrochordon also known as soft fibroma or fibroepithelial polyp is a common benign lesion, composed of loose fibrous tissue. [1] It can occur as three types: (a) multiple, 1- to 2-mm, furrowed papules, especially on the neck and axillae; (b) single or multiple filiform, smooth growths up to 5 mm long; and (c) solitary, pedunculated or "baglike" growths, usually about 10 mm diameter. [2] In women, genital acrochordon is more common in the vagina than the vulva and cervix, with peak incidence at 20 - 40 years of age. The proliferation of mesenchymal cells within the hormonally sensitive sub epithelial stromal layer of the lower genital tract accounts for the larger lesions. [3] In literature, the vulval acrochordon were reported with size ranging from 2 – 30 cm. [4,5] Various associations of acrochordon includes type II diabetes mellitus, obesity, dyslipidemia, metabolic syndrome, genetic predisposition, pregnancy, human papilloma virus 6 and 11, acromegaly and colonic polyps. [6,7,8]

The differential diagnosis of giant vulval acrochordon includes neurofibroma, premalignant fibroepithelial tumor, seborrhoeic keratosis, genital wart and angiomyxoma. [9] Infection, inflammation and ulceration may occur in giant acrochordon if not excised.

As fibroepithelial polyp can masquerade may benign and malignant neoplasms, malignancy should be excluded by surgical excision and histopathological examination in every case.

FIGURES:

Fig 1 (a): Pedunculated mass on the lest side of labia majora.

Fig 1 (b): Pedunculated mass on the left side of labia majora.

HISTOPATHOLOGICAL SECTIONS:

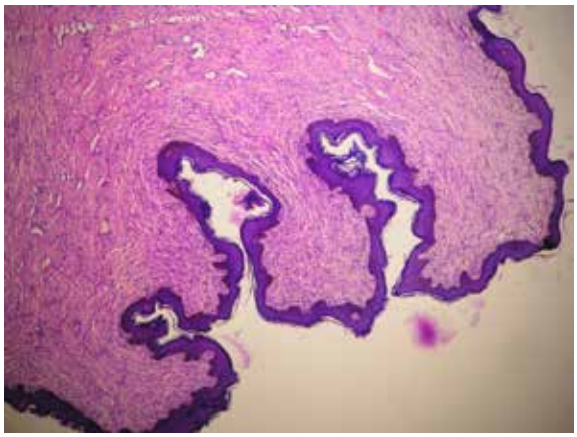

Fig 2 (a): 10x view

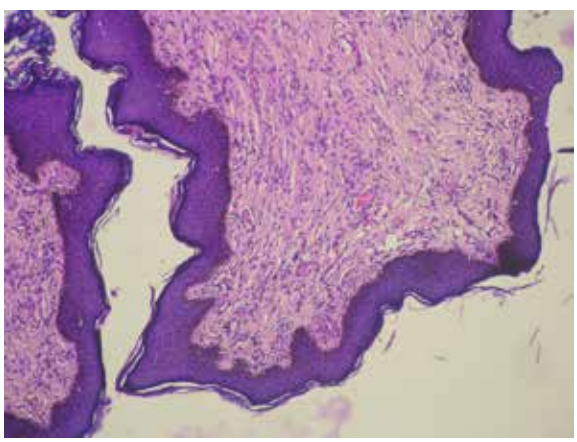

Fig 2(b): 10x view

Fig 2 (a) and (b): HPE shows hyperkeratosis, papillomatosis and regular acanthosis in the epidermis. The connective tissue stalk is composed of loose collagen fibres, numerous dilated capillaries filled with erythrocytes.

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