

E-IMAGES IN DERMATOLOGY

Infarcted Giant Skin Tag[☆]

Fibroma blando gigante infartado

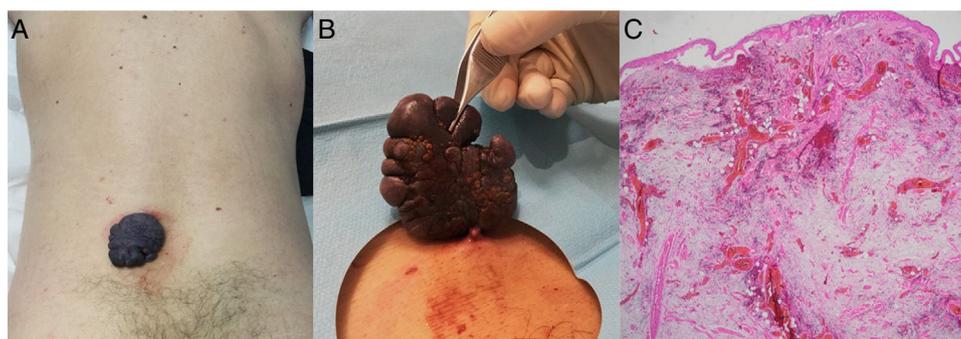
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Figure 1

A 58-year-old man with no personal history of interest consulted for a lesion on his back. The lesion was small, and its appearance had remained unchanged for the previous 4 years. During the month before the consultation, the lesion had begun to grow dramatically and became inflamed. A pedunculated, black-violaceous tumor measuring 5.5×5 cm was visible on the lumbar region. The lesion had a smooth marbled surface, clearly defined borders, and soft consistency and was not infiltrated (Fig. 1, A and B). The lesion was removed and sent for histopathology analysis, which revealed a polypoid lesion covered by epithelium with papillomatosis and a richly vascularized dermis with increased

collagen fibers and areas of necrosis compatible with an infarcted skin tag (Fig. 1C).

Skin tags, acrochordons, and fibroepithelial polyps are benign fibrous tissue tumors. They are common in both men and women, and their incidence increases with age. They are usually asymptomatic, single or multiple, small, flesh-colored, and pedunculated and affect the eyelids and larger skin folds. However, large (giant) lesions are exceptional. Skin tags can become complicated with ischemic necrosis resulting from torsion of the peduncle, which leads to acute inflammation and darkening. The differential diagnosis is broad and includes, as in the present case, polypoid melanoma. We report the second case to date of a giant skin tag on the back (Ilango et al., 2009)¹ and the first to be complicated by necrosis.

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Reference

1. Ilango N, Jacob J, Gupta AK, Choudhrie L. Acrochordon-a rare giant variant. Dermatol Surg. 2009;35:1804–5.