ACROCHORDON OF THE VULVA

A CASE REPORT

Joseph Mechery, MBBS, MD; David Burch, MRCOG

INTRODUCTION

A 58-year-old lady was referred by her general practitioner complaining of a lump in the vulval region. This had been present for the past ten years. The lump was painless but had gradually increased in size. There was no other significant history. On examination there was a large pedunculated polyp arising from the right side of the mons pubis. The polyp was covered by wrinkled skin and was triangular in shape with a short stalk. It measured 13cm x 11cm x 4cm. This was treated by local excision and the histology showed a benign fibroepithelial polyp (acrochordon).

DISCUSSION

Acrochordon is a small, soft, common, benign, usually pedunculated, neoplasm found particularly in the obese. The incidence in the general population is 46%. When present, acrochordons increase in frequency up through the fifth decade. As many as 59% of the population may have acrochordons by the time they are 70 years old.

The exact aetiology is unknown⁽¹⁾. Frequent irritation seems to be an important causative factor, especially in the obese. It may be due to hormonal imbalance (high levels of oestrogen and progesterone in pregnancy, high levels of GH in acromegaly) or due to viral infections (HPV 6/11). Epidermal growth factor and alpha tissue growth factor also have been implicated. Associations with fibrofolliculomas and trichodiscomas have been described as components of Birt-Hogg-Dube Syndrome, an autosomal dominant disorder⁽²⁾. An association with non-insulin-dependent diabetes mellitus also has been observed.

They are usually skin-coloured or hyper pigmented, and one of mainly three types:

- small, furrowed papules of 1-2mm located mostly on the neck and axillae
- single or filiform lesions of 2-5mm occurring elsewhere in the body
- large, pedunculated tumour or soft fibromas occurring in the lower trunk

Pedunculated lesions may become twisted, infarcted and can fall off spontaneously⁽³⁾.

Most frequent locations are neck and axillae. Localised paucity of elastic tissue may result in sessile or atrophic

lesions. Pendulous variety may be caused by losses of large confluent areas of elastin. Histology is characterised by acanthotic, flattened or frond-like epithelium and a papillary-like dermis composed of loosely arranged collagen fibres with dilated capillaries and lymphatic vessels⁽⁴⁾.

They are benign tumours but rarely clinically diagnosed fibroepithelial polyp and reveal a basal or squamous cell carcinoma on histological examination⁽⁵⁾. Treatment is mainly by surgical excision or by cryotherapy. This can also be treated medically using chromium picolinate 200mcg twice a day for three months. However, this is rarely employed.

A large benign fibroepithelial polyp (acrochordon).

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