

## Skin Tag Over Breast

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### ABSTRACT

We report here a case of skin tag over breast. A young unmarried girl aged 20 years presented with soft, pedunculated growth over breast. The lesion was soft and freely motile with wrinkled surface. There was no symptom in lesion. We suspected skin tag. It was excised with dual intention to confirm diagnosis by histopathological examination and treat the patient. The histopathological report confirmed our diagnosis. This site for skin tag has not been reported before.

**KEY WORDS:** Skin Tag, Achrocordon, Fibroepithelioma, Breast.

### INTRODUCTION

Acrochordon, commonly known as skin tags (ST) occur as multiple, soft, polypoid growths over flexural areas. These are benign tumours of skin with no propensity for malignant transformation. Common sites for skin tags include neck, axillae, eyelids and trunk.<sup>1</sup> Less common sites include groin, abdomen and back. Unusual locations reported include penis,<sup>2</sup> vulva<sup>3</sup> and perineum.<sup>4</sup> The lesions are pedunculated attached to skin with a soft lean fibrous stalk. They range in size from 1mm to 1cm.<sup>5</sup> A huge skin tag has been reported on labium majus.<sup>3</sup> Most skin tags are skin coloured or pigmented. They do not produce symptoms unless inflamed or irritated. Etiology of this common disorder is unknown. However it has been reported to be associated with multiple systemic disorders like acromegaly,<sup>6</sup> colonic polyps,<sup>7,8</sup> and Birt-Hogg-Dube syndrome.<sup>9</sup> Multiple skin tag-like lesions in children may have also been described as the presenting sign of nevoid basal cell carcinoma syndrome.<sup>10</sup> An association of skin tags with diabetes mellitus was first reported in 1951.<sup>11</sup> Friction against tight fitting clothes have also been connected with skin tags.<sup>12</sup>

No investigation is advised unless indicated by associated features of the underlying disorder. Even biopsy is rarely done to confirm the diagnosis. Treatment involves destructive procedures such as severing the base of lesion with scissors, cauterizing with electric current or freezing with liquid nitrogen. We report here a case of skin tag occurring over breast of a young girl. As far as we know this site for skin tag has never been reported before.

### CASE REPORT

A young unmarried girl of 20 years age attended the outpatient department with the complaint of a soft papule over right breast since 3 years. According to patient a small skin coloured papule appeared 1 cm above nipple of her right breast. It was initially small in size but gradually increased to attain present dimen-

sions. There was no pain, itch or any other symptom in the lesion. She didn't notice any bleeding or oozing from the papule. It had appeared spontaneously. On examination there was a small, pedunculated nodule measuring about 2x3 cms on right breast just over nipple (**Photo I**). It was freely mobile attached to skin with a soft, thin stalk (**Photo II**). It was plum coloured and soft to firm in consistency. Skin over it was wrinkled but shiny. There was no tenderness on touching. At first look it appeared to be pyogenic granuloma but no preceding history of trauma, soft consistency and absence of spontaneous or trauma-induced bleeding were the features which didn't favour this diagnosis. Given the soft consistency, pedunculated attachment to skin with free mobility we were prompted to consider the diagnosis of skin tag. However it was necessary to exclude accessory nipple; as the location of lesion was also favoring such entity. The nodule was excised (which also cured the patient of disease) and submitted to laboratory for histopathological examination. The pathological report suggested cutaneous fibroepithelial mass. Other lab investigations like complete blood counts, urine analysis, blood sugar and lipid profile were normal.

**PHOTO I:**



PHOTO II:



### DISCUSSION

It is very rare to find skin tags on unusual sites like one in our case. This eludes instant clinical diagnosis for the time. These tend to occur in obese middle aged patients with equal incidence in both sexes. An association between skin tags and diabetes mellitus,<sup>13</sup> insulin resistance,<sup>13</sup> obesity, impaired carbohydrate and lipid metabolism<sup>14</sup> has been suggested. Pregnancy is also a risk factor for skin tags<sup>15</sup>. There were three features in our patient which made it a unique case. The first was age of patient. Our patient was young within her twenties, while most reports in literature quote their incidence after 50 years of age.<sup>16</sup> Second our patient neither had any evidence of genetic traits like naevoid BCC or Birt-Hogg-Dube syndrome nor of any metabolic disorders mentioned above. Similarly the location of skin tag was also unusual in ours' case. A thorough search in Medline using key words 'skin tags' 'achrocordon' and 'breast' did not show any reference regarding this site for skin tags. Therefore the authors assume this paper as the first report of skin tags over breast. Histological evaluation of skin tags is normally not needed in adults when they occur on usual locations but is advisable in children because of its association with nevoid basal cell carcinoma syndrome.<sup>17</sup> Due to unusual location of ST in our patient we advised biopsy. From this case the old maxim "it is more common for common diseases to present in uncommon ways at uncommon locations than the uncommon diseases to present in common ways" proves true.

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