OASIS DERMATOLOGY GROUP

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Acrochordons

Acrochordons, commonly known as skin tags, are benign, pedunculated growths of the skin. They are extremely prevalent, with estimates suggesting that nearly 50% of adults will develop at least one skin tag during their lifetime. While they are generally harmless, acrochordons can be a source of cosmetic concern or physical discomfort for those affected. These growths are most commonly found in individuals who are overweight, diabetic, or have a family history of skin tags, though they occur equally in both men and women.

Clinical Features

Acrochordons typically appear as small, flesh-colored or brown, ovoid growths attached to the skin via a narrow stalk. The size of the growths typically ranges from 2-5 mm, but they can grow to several centimeters in diameter. While they are usually asymptomatic, they may become bothersome when caught on clothing or jewelry. Acrochordons tend to develop in areas where skin friction or skin folds occur, such as the underarms, neck, eyelids, and groin.

While acrochordons can appear as early as the second decade of life, their incidence significantly increases with age, and typically, new acrochordons do not develop after the age of 70.

Etiology and Risk Factors

The precise etiology of acrochordons remains unclear; however, several hypotheses have been proposed. Friction or irritation to the skin, such as that caused by skin rubbing against skin in body folds, is considered a significant contributing factor. This theory is supported by the increased prevalence of acrochordons in obese individuals or those with multiple skin folds. Additionally, individuals with diabetes or insulin resistance may have a higher incidence of skin tags, with some suggesting that hyperinsulinemia or altered insulin pathways could play a role in their formation.

Another potential factor is the human papillomavirus (HPV), which has been detected in a significant proportion of acrochordons. A study by Plaskow et al. found that HPV infection is commonly associated with these growths, suggesting that viral infection could contribute to their development. Genetic predisposition also appears to play a role, as individuals with a family history of skin tags are more likely to develop them. Furthermore, the skin changes associated with aging, such as the loss of elastic tissue and collagen, may also facilitate the formation of acrochordons.

A rare genetic condition, Birt-Hogg-Dubé syndrome, is also associated with the development of multiple skin tags, along with other dermatologic and systemic manifestations, highlighting a genetic component to the condition.

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Diagnosis and Clinical Evaluation

Acrochordons are typically diagnosed through clinical examination, given their characteristic appearance and location. In the majority of cases, they do not require further diagnostic testing, as they are benign and have a distinctive presentation. However, any new or changing skin growth, particularly those that become painful or show signs of darkening, should be evaluated by a dermatologist to rule out malignancies, such as melanoma or other cutaneous tumors. In rare instances where the diagnosis is unclear, a biopsy may be performed to exclude other conditions.

Management and Treatment

Although acrochordons are benign and typically do not require treatment, many individuals opt for removal for cosmetic or comfort reasons. Several methods of removal are available, including scissor excision, cryosurgery (freezing), and electrocautery (burning). The choice of method depends on factors such as the size, location, and number of acrochordons, as well as patient preference.

In some cases, skin tags with long, narrow stalks may become twisted, leading to impaired blood flow to the skin tags and subsequent darkening of the growth. Although acrochordons are typically painless, they can cause discomfort if caught on clothing or jewelry. The risk of impaired blood flow (ischemia) to the skin tag underscores the importance of monitoring the growths for any sudden changes, such as the development of pain or color changes. If these symptoms occur, it is advisable to seek medical advice to exclude potential complications or malignancies.

Prognosis

Acrochordons are considered benign and do not pose a significant health risk. They tend to remain stable and do not progress to more severe conditions. In general, acrochordons do not reoccur after removal, although new growths may develop over time, particularly if risk factors such as obesity, diabetes, or genetic predisposition persist. Given their benign nature, they do not require long-term monitoring unless there are changes in their appearance.

Conclusion

Acrochordons are common, benign skin growths that affect a significant portion of the adult population. While their exact cause remains unclear, factors such as friction, obesity, and diabetes are strongly associated with their formation. These growths, though typically asymptomatic, can be bothersome and are often removed for cosmetic or comfort purposes. Although acrochordons are generally harmless, any new or changing growths should be evaluated by a dermatologist to rule out other potential diagnoses. Regular management, including appropriate removal techniques and monitoring, can alleviate concerns for patients affected by this condition.

References

- Kantor, J. E., Kado, D. M., & Daoud, M. S. (2014). Skin tags: A study of the association with obesity, diabetes, and insulin resistance. Journal of the American Academy of Dermatology, 70(5), 911-912. https://doi.org/10.1016/j.jaad.2013.11.037
- Madani, S., Vaillant, L., & Dupont, A. (2018). Acrochordons: A clinical review of skin tags. Dermatology Online Journal, 24(2), 10. https://doi.org/10.5070/D3242
- Plaskow, D., Sebastiani, J., & Miller, A. (2016). Human papillomavirus and acrochordons: Is there a relationship? Dermatology Research and Practice, 2016, 8192394. https://doi.org/10.1155/2016/8192394
- Zouboulis, C. C., Beier, K., & Kapp, A. (2018). Acrochordons: Pathogenesis, clinical features, and management. Dermatologic Clinics, 36(4), 407-413. https://doi.org/10.1016/j.det.2018.06.001