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# Fibro epithelial polyp at unusual site a rare presentation. A case report <sup>1</sup>Dr. Usha Kataria, <sup>2</sup>Dr. Parveen Rana, <sup>3</sup>Dr. Dinesh Chhillar, <sup>4</sup>Dr. Sonia Vasisht, <sup>5</sup>Dr. Kalpana Baniwal

<sup>1</sup>Assistant Professor, Department of Dermatology, BPS Govt. Medical College for Women, Khanpur Kalan, Sonepat (Haryana)

\*Corresponding author: Dr. Usha Kataria

Email Id: ushachillar@gmail.com

#### **ABSTRACT**

A 16 year old male patient presented with group of papular skin lesions over the postero-lateral side of right thigh for last two years, lesions were gradually increasing in size. There was no family history of such lesions. Skin biopsy was taken and sent for histo-pathological examination. The case was diagnosed as of fibro epithelial Polyp and there were no malignant changes.

**KEYWORDS:** - Fibro epithelial Polyp; Unusual site; A crochordon.

## INTRODUCTION

Fibro epithelial polyp (FEP) or acrochordon is a polypoid outgrowth of both epidermis and dermal fibro vascular tissue. They are small, soft, commonly benign, usually pedunculated neoplasm and found particularly in persons who are obese. usually skin coloured asymptomtomatic. Lesions vary in size from 2-5mm in diameter, although larger lesions may also sometimes evident. The most common sites are neck and axilla, but any skin fold including groin may be affected.[1] There is localized paucity of elastic tissue may result in sessile lesions at times, however, a study of elastin tissue in fibro epithelial polyps showed no significant abnormalities.[2] It is generally a benign tumor, on rare occasions, histological examination of a clinically diagnosed FEP reveals a basal or squamous cell carcinoma.[3,4] There is no sexual preference. Acrochordons increase in frequency with age. An old age and positive family history are common for these benign tumors. There tumours are usually asymptomatic, and they do not become painful unless inflamed or irritated. Patient complain of pruritis or discomfort when it is snagged by Jewelry or clothing. There may be infarction after twist in pedunculated lesions. During pregnancy

<sup>&</sup>lt;sup>2</sup>Assistant Professor, Department of Pathology, BPS Govt. Medical College for Women, Khanpur Kalan, Sonepat (Haryana)

<sup>&</sup>lt;sup>3</sup> Resident, Department of Forensic Medicine, Pt.BDS PGIMS Rohtak (Haryana)

<sup>&</sup>lt;sup>4</sup>Senior Resident, Department of Dermatology, BPS Govt. Medical College for Women, Khanpur Kalan, Sonepat (Haryana)

<sup>&</sup>lt;sup>5</sup>Senior Resident, Department of Patholosgy, BPS Govt. Medical College for Women, Khanpur Kalan, Sonepat (Haryana)

because of hormonal effect, these fibro epithelial polyps increase in size and number and also because of high levels of growth hormones in acromegaly. Human papilloma virus also found to be associated in a high percentage of skin tag biopsy samples. [2, 5]

#### CASE REPORT

A 16 year old boy presented to Skin department with multiple papular lesion over the lateral side of right thigh. The lesions were asymptomatic and gradually increasing in size. Initially it started as two or three papular lesions and increased in size and number. Patient also had diabetes of and it is controlled with insulin. No other systemic illness in the child and other skin problem. No family history of such illness in family. Skin biopsy was taken and sent for histopathological examination. It came out as a case of fibro-epithelial polyp. No malignant change was detected. Patient was referred to the higher centre for laser therapy and lost on follow up. On examination patient was moderately built and nourished. Local examination revealed multiple skin coloured papular and sessile lesions, lesion coalescent to form a plaque of about 5cm in diameter. Lesions were soft to touch

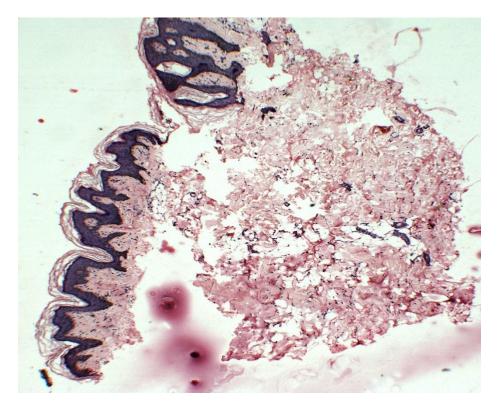
and few lesions had broad base. Lesions were present at the poster lateral side of right thigh which is an unusual site for such acrochordon. Moreover the child was young. Since, it is common in old age and rare in young child. So we are reporting this case for its rarity in such age and rare site of involvement. Moreover patient is also having juvenile diabetes which may be a rare coincidental association.

### DISCUSSION

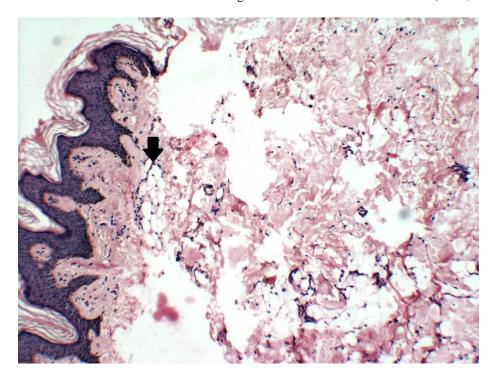
These acrochordons or fibro epithelial polyps when present in association with other features like fibro folliculoma then they are inherited as autosomal dominant fashion and family history of FEP also present. [6] The skin tags were reported to have an association with diabetes mellitus and obesity that is found in our case, but our patient was not obese. [7, 8] Acrochordons as a presenting sign of nevoid basal cell carcinoma syndrome but no malignancy was found in our case. The treatment option may be surgical excision and full thickness skin graft. For small lesions excision is the best treatment. But in large lesions now-a-days laser therapy is the treatment of choice.



Legend to the figure-1:- Multiple skin coloured papular and sessile lesions on the postero-lateral side of right thigh.



**Legend to the figure-2:-** Microphotograph show stratified squamous epithelium with hyperkeratosis, mild acanthosis. The dermis shows loose collagen fibers and dilated blood vessels. (H&E, 100x)



**Legend to the figure-3:-** High power view shows fat cells in the dermis (arrow). (H&E, 200x).

#### **CONCLUSION**

A close follow-up of family members and patient is necessary to avoid any complications.

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