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# Skin Tags

*Synonyms: acrochordon, soft fibromas, fibroepithelial polyps, fibroma pendulans*

## Presentation

**Skin tags** are small, often pedunculated, skin-coloured or brown papules that occur most frequently where there are skin folds. Common sites are the neck, axillae, groin and eyelids. They are also known as acrochordons. They are usually 0.2 to 0.5 cm in diameter.

## Epidemiology<sup>[1]</sup>

- Skin tags are very common and may occur in up to half of the population.
- They occur in men and in women and incidence increases with age.
- They occur more commonly in pregnancy.
- The most common sites for skin tags are the neck, the axillae and the groin.
- They are more common in patients with type 2 diabetes and those with obesity and they appear to have an association with the metabolic syndrome<sup>[2]</sup>.

## Aetiology<sup>[3]</sup>

- It may be that skin tags are caused by irritation and chaffing as skin folds rub together.
- They may be more common at sites where rubbing of clothing over skin occurs.
- Insulin resistance may play a part<sup>[4]</sup>.
- Human papillomavirus (HPV) may possibly play a role in pathogenesis<sup>[5]</sup>.

## Diagnosis

Diagnosis is usually apparent from the typical appearance. Skin tags are usually pedunculated and have been described as looking as though they hang from the skin. They may also be sessile.



## Differential diagnosis

- Filiform warts have fine finger-like projections on the surface and tend to be firmer on palpation.
- Melanocytic naevi can also be pedunculated but have a broader base.
- Molluscum contagiosum lesions tend to have broader bases, be dome-shaped, and have a dimpled centre.
- Seborrhoeic keratoses have a broad base.
- Multiple skin tags are seen in Birt-Hogg-Dubé (BHD) syndrome - a rare, autosomal dominant inherited dermatosis characterised by multiple skin lesions developing in adulthood, mainly on the face, neck and upper body. As well as skin tags, those affected have fibrofolliculomas and trichodiscomas - benign skin tumours forming around hair follicles<sup>[6]</sup>.

## Primary care management

Skin tags do not have malignant potential but are often removed due to irritation or for cosmetic reasons.

Small skin tags may be removed by snipping off with a pair of sharp scissors or by applying a ligature round the base. If the base is fine no anaesthetic is needed and little bleeding occurs. Cryotherapy is sometimes also used.

Larger ones will need local anaesthetic and can be removed by shave and cautery, or by cutting cautery alone.

## Further reading & references

- [Skin tags](#); Primary Care Dermatology Society (PCDS)
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- 2. [Wali V, Wali W](#); Assessment of Various Biochemical Parameters and BMI in Patients with Skin Tags. J Clin Diagn Res. 2016 Jan;10(1):BC09-11. doi: 10.7860/JCDR/2016/15994.7062. Epub 2016 Jan 1.
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- 4. [Barbato MT, Criado PR, Silva AK, et al](#); Association of acanthosis nigricans and skin tags with insulin resistance. An Bras Dermatol. 2012 Jan-Feb;87(1):97-104.
- 5. [Gupta S, Aggarwal R, Gupta S, et al](#); Human papillomavirus and skin tags: is there any association? Indian J Dermatol Venereol Leprol. 2008 May-Jun;74(3):222-5.
- 6. [Birt-Hogg-Dubé syndrome](#); DermNet NZ

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Author: Dr Mary Harding	Peer Reviewer: Dr Laurence Knott	
Document ID: 4094 (v25)	Last Checked: 13/12/2016	Next Review: 12/12/2021

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