

Effect of estrogen and progesterone on skin tags.

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Abstract

Skin tags (ST) are the most common fibroepithelial skin tumors. It is a middle-aged tumor. However, for women, 50 are considered a turning point in life and the development of skin tags will stop. An important event that occurs around this period of life is menopause / menopause. After menopause, estrogen receptor levels are significantly reduced. Estrogen receptors (ERs) and androgen receptors (ARs) are members of the steroid receptor gene superfamily. Estrogen receptor positivity has been demonstrated in most skin tumors by both histochemical and biochemical assays.

Keywords: Estrogen, Tumor, Skin, Menopause, Receptor, Steroid.

Introduction

This study aimed to assess the role of estrogen and androgen receptors in the development of skin markers by assessing their immunohistochemical expression. Twenty-five patients were included in this study. Incisional resection of the skin tag was performed in each patient, and a core biopsy of the area adjacent to the skin tag was obtained as a peri-lesion skin biopsy in only 12 patients. Histopathology was performed to confirm the diagnosis. Immunohistochemical staining was performed to detect ER and AR in the skin appendages, peri-lesion skin and control normal skin [1].

Immunohistochemical staining of ER was positive in 64% of skin tag cases and AR was positive in 60% of them. There were statistically significant differences in ER and AR staining patterns between the cutaneous appendages, peri-lesion skin, and normal skin. It can be concluded that ST is positively correlated with immunohistochemical ER and AR staining, which may suggest their role in the pathogenesis of the cutaneous appendages [2].

Skin tags, also known as "acrochordon", are commonly visible skin growth, manifested as soft growth of lumpy skin, and are usually benign. It is estimated that nearly 50-60% of adults develop at least one of these harmless growths throughout their lives, increasing their likelihood of developing 40 years after birth. However, it should be noted that acrochordon is more common initially in individuals suffering from obesity, diabetes, metabolic syndrome (MeTS), and individuals with a family history of skin tags. Skin tags affect men and women equally [3].

Acrochordon may appear in adolescence, but is most common in later years. However, many studies report an increased incidence of skin tags in children and adolescents. The latter appears to be consistent with the worldwide increase in the

prevalence of obesity between children and adolescents. On the other hand, skin spots are rare after 70 years of age. These lesions tend to grow in areas of the skin where folds are present, such as the armpits, neck, eyelids, and groin. Lesions are skin colour, brown, and even red oval growth, often with stems, attached to fleshy stems. Skin tags are small, 1-5 mm, but rarely grow to 1-2 cm. Acrochordon is not painful or soft, but it can still be annoying. People often complain that skin tags get caught in clothing and jewellery such as necklaces. Continuous rubbing between clothing and skin tags can cause bleeding and itching [4].

Certain hereditary disorders can predispose to skin tags. Patients with BirtHoggDube (BHD) syndrome and tuberous sclerosis. In addition to other skin and systemic features, a large number of acrochordons are found, often forming a "necklace" -like composition around the neck called the "pendant necklace sign of infectious edema." The exact reason for skin labels is obscure. Skin labels become more normal with age and happen all the more often in individuals with a family background of skin labels. Individuals with metabolic issues like stoutness and diabetes are additionally bound to foster skin tag. Chemical rises, for example, those seen during pregnancy, may cause an expansion in the development of skin labels, as skin labels are more continuous in pregnant ladies. Labels are basically innocuous and don't need to be dealt with except if they are irksome. Skin labels that are vexatious might be effortlessly eliminated during or after pregnancy, regularly by a dermatologist [5].

References

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