

Treatment and management of acrochordon.

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Description

Acrochordon is a very common, spineless, skin-colored, round, pedunculated papilloma. It is generally restricted at the base and differs in size from 1 mm -10 cm. Lesions have a tendency to grow in size over time. Acrochordon can be easily cut or destroyed with electrocautery. Here is a report of a case of huge acrochordon, weighing 2.5 kg which pretended problems in management. The patient had been instructed surgery under common anesthesia which the patient had rejected and was finally managed successfully in an office setting the Nevroid basal cell carcinoma syndrome (NBCCS) is a genodermatosis with autosomal dominant inheritance. In recognized kindreds, the diagnosis is moderately easy, but for the patients without ancestors history of this syndrome requires a high clinical suspicion is necessary for diagnosis. Acrochordons are particularly uncommon in childhood. Our resolution was to evaluate skin tags that develop at an early age.

Treatment and management

Immerse a cotton cloth in apple cider vinegar, and then keep the cotton cloth over the affected skin tag. Wrap the affected segment in a bandage for 15 - 30 minutes, and then rinse the skin with water. Repeat this daily for two weeks. The acidity of apple cider vinegar disrupts down the tissue nearby the skin tag, leading it to fall off. Skin tags are generally cured for noncosmetic causes. Failure to clearly delineate how the skin tag is producing a problem for the affected person when we take away a symptomatic acrochordon may be a cause for concern. This certification may be obligatory for insurance coverage because most plans do not cover cosmetic procedures. Additionally, inform the patient that the insurance company may not cover the procedure if the doctor believes that he or she is performing the removal for cosmetic reasons. Slight, pedunculated acrochordons may be detached with curved or serrated blade scissors, whereas bigger skin tags may just require excision. For small acrochordons, application of aluminium chloride before removal will reduce the amount of minor bleeding. Acrochordon is generally cured for

noncosmetic reasons. Failure to clearly delineate how the skin tag is producing a problem for the patient when removing asymptomatic acrochordon may be a cause for concern. This documentation may be mandatory for insurance coverage because most strategies do not cover cosmetic procedures. Additionally, inform the suffering person that the insurance company may not cover the procedure if the physician believes that he or she is performing the removal for cosmetic reasons. Small, pedunculated acrochordons may be removed with curved or serrated blade scissors, while larger skin tags may simply require excision. For small acrochordons, application of aluminium chloride prior to removal will decrease the amount of minor bleeding.

Conclusion

Patients will face a wide range of skin developments and changes over their life period. Family physicians should be able to differentiate potentially malignant from benign skin tumors. Most lesions can be identified on the basis of history and clinical examination. Lesions that are suspicious for malignancy, those with changing features, symptomatic lesions, and those that cause cosmetic problems may have medical therapy, a simple office procedure. Skin tags are very common, small, and typically pedunculated benign neoplasms. Simple scissors or shave excision, electrodesiccation, or cryosurgery can be used for treatment.

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