



“Get my neck in check, please!”

Benjamin Barankin, MD

An overweight, 43-year-old Caucasian male with diabetes presents with a several-year history of growing brown polypoid papules around his neck and similarly, a few in his axillae and groin. His diabetes is controlled by diet and he is not taking any medications. There is no personal or family history of skin disease.

1. What is the most likely diagnosis?

- Neurofibromas
- Compound nevi
- Seborrheic keratoses
- Acrochordons
- Warts

2. How could you treat this condition?

- Snip-scissor excision
- Electrodesiccation
- Cryotherapy
- Carbon dioxide laser
- All of the above

3. Which of the following are true of this condition?

- These lesions are usually asymptomatic
- These lesions prefer intertriginous locations
- These lesions are in fact benign tumours
- These lesions may be associated with Type 2 diabetes mellitus
- All of the above

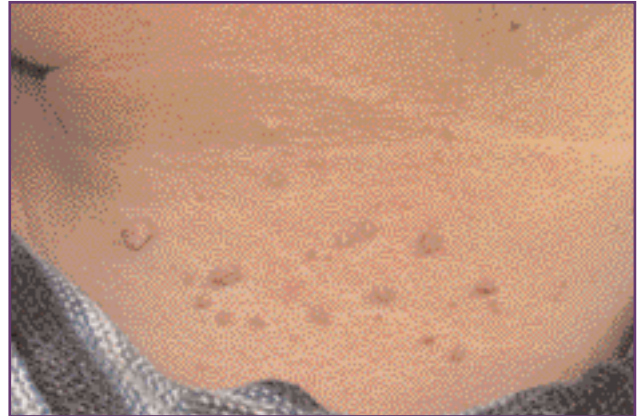



Figure 1. Patient presents with brown polypoid papules on his neck.

Acrochordons (skin tags) are small, soft, common, benign and usually pedunculated tumours that are frequently found in obese persons. They are usually skin coloured or hyperpigmented and may appear as surface nodules or papillomas on healthy skin. Most acrochordons vary in size from 2 mm to 5 mm in diameter, although larger acrochordons with a 5 cm diameter are sometimes evident.

The most frequent localization is the neck and the axillae, but any skin fold (including the groin) may be affected. Treatment is usually cosmetic, although skin tags can become irritated by jewellery (e.g., around the neck) or rubbing (e.g., inner thighs). Treatment is by destructive means. 

“Case in Point” is a series of interesting cases and diagnoses to help general practitioners sharpen their skills. Submissions and feedback can be sent to diagnosis@sta.ca.

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Answers: 1-d ; 2-e ; 3-e