INTRODUCTION

Skin tags, or acrochordons, are a relatively common and usually benign skin tumor found in adults. However, when present in infants, depending on the location, they can be more worrisome and may call for pathologic evaluation. An unusual location for skin tags in infants is the sacrococcygeal region. These are two case studies of neonates with skin tags found in the sacrococcygeal region.

PRESENTATION OF CASE I

A female neonate, baby A, was examined in the nursery and noted to have a small skin tag in the sacrococcygeal region (Fig. 1). The rest of her exam was normal and there were no obvious neurological deficits or any palpable bony defects. No skin tags were noted anywhere else on her body.

Baby A’s mother had two vaginal skin tags. Upon further questioning, we discovered that baby A’s father, maternal grandmother, and paternal grandfather had skin tags in various locations as well. There were no reports of any neurological deficits or other side effects from the skin tags.

PRESENTATION OF CASE II

Another female neonate, baby B, was examined in the nursery and also noted to have a skin tag in the sacrococcygeal region (Fig. 2). The rest of her physical exam was normal and there were no obvious neurological deficits or any palpable bony defects. No skin tags were noted anywhere else on her body.

Baby B’s maternal grandmother had two skin tags on her neck that both looked and felt identical to Baby B’s skin tag. However, no one else in the family had a history of skin tags.

DISCUSSION

Skin tags are derived from ectoderm and mesoderm and occur when the epidermis becomes hyperplastic. Usually, they are attached to the skin by a thin stalk and are found most commonly in the axilla, neck, and inguinal region. In the general population, skin tags are very common, occurring in 25 percent of the population. Obesity and increasing age are risk factors for developing multiple skin tags. In adults, skin tags are benign and are only removed due to cosmetic reasons or if they are being constantly irritated.

DISCUSSION CONTINUED

Although common in adults, skin tags are a much rarer finding in children and may warrant further investigation. In neonates, two relatively common locations for skin tags are in the preauricular region and in the vaginal region. Preauricular skin tags have a prevalence of 5 to 10 per 1,000 live births. They may be associated with permanent hearing impairment in neonates and thus neonates with preauricular skin tags should be screened thoroughly for potential hearing loss. However, vaginal skin tags do not warrant any concern and will regress within a few weeks.

Neonates with sacrococcygeal skin tags often warrant concern because occult spinal dysraphism can be suspected. Spinal dysraphism is caused by incomplete closure of the neural tube during embryogenesis and thus a spectrum of congenital disorders can result from this defect. Occult spinal dysraphism often presents asymptomatically other than a cutaneous manifestation. Cutaneous manifestations are seen as abnormal overlying ectodermal tissue such as skin tags, hemangiomas, or dimples. Therefore it is important to use ultrasound to screen for spinal dysraphism as any dorsal cutaneous stigmata are found.

Another differential diagnosis to consider is coccygeal polypoid eccrine nevi (CPEN). Eccrine nevi are rare, benign, cutaneous lesions. There are about 20 reported cases in the medical literature. Eccrine nevi in the sacral or coccygeal region are even rarer. Mahdavy and Smoller reported one case of CPEN and Park and Lee reported two cases of CPEN. In all the cases, pathology results showed the characteristic feature of eccrine nevi which is increased number of eccrine units without vascular proliferation in the dermis (Fig. 3). Despite the limited number of reported CPEN cases or perhaps this was a characteristic feature of CPEN nevi included in the study of Park and Lee’s patients and thus a correlation was established. However, the neonates’ skin tags looked almost identical to the skin tags in the above mentioned CPEN cases (Fig. 4A, 4B). However, a pathology report would have been able to aid in a more definitive diagnosis.

There has not been much research done on the inheritance pattern of skin tags. However, since there are genetic syndromes that have skin tags as a sign, it can be reasonably assumed that there is a genetic component to skin tags. In both of these cases, there was at least one other family member with a history of skin tags as well. Whether this correlation is an incidental finding or there is truly a genetic component to skin tags, is something to be further explored. Fortunately, due to the benign presentation and exam of these two cases, further work-up is not warranted.

REFERENCES


FIGURES

Figs. 1 and 2: A skin tag in the coccygeal region of a 1-month-old from Park and Lee’s case report. Note the similarity in appearance of the skin tags between Park and Lee’s patients and baby A’s and B’s skin tags.

Figs. 4a and 4b: A skin tag in the coccygeal region of a 1-month-old from Park and Lee’s case report. Note the similarity in appearance of the skin tags between Park and Lee’s patients and baby A’s and B’s skin tags.