



Case Report

Melanocytic nevus presenting as perianal skin tag

Ahmad Al Malki¹, Hasan Al Solami², Nasser Idrees³, Khalid Al Aboud^{3,*}

¹Dept. of General Surgery, King Faisal Hospital, Makkah, Saudi Arabia

²Dept. of Gastroenterology, King Faisal Hospital, Makkah, Saudi Arabia

³Dept. of Pathology, King Faisal Hospital, Makkah, Saudi Arabia



ARTICLE INFO

Article history:

Received 12-07-2022

Accepted 06-08-2022

Available online 26-08-2022

Keywords:

Anal diseases

Melanocytic nevus

Skin tag

ABSTRACT

This is a concise case report about the observation of an old patient with perianal skin tag found on pathological examination to be a melanocytic nevus.

This is an Open Access (OA) journal, and articles are distributed under the terms of the [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License](https://creativecommons.org/licenses/by-nc-sa/4.0/), which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprint@ipinnovative.com

1. Introduction

Anal (or perianal) skin tag, abbreviated in the remaining text as (AST) is an excess skin which occur around the anus as a polyp.¹

Different conditions have been reported to present as AST or to be found in its pathological examination in neonatal, childhood and adulthood periods.

These include, rhabdomyomatous mesenchymal hamartoma,² colorectal cancer implant,³ a tubulopapillary apocrine hidradenoma with an adenocarcinoma arising in it,⁴ eccrine nevus,⁵ food protein-induced allergic proctocolitis.⁶

Herein, we are reporting a melanocytic nevus presenting as AST, after obtaining a consent from the patient for the publication.

2. Case Report

A 75-year-old Saudi male, not known to have chronic medical problems before, presented with a perianal skin tag for many years.

The histopathological examination of the excised polyp revealed an intradermal nests of melanocytes, Figure 1A, B.

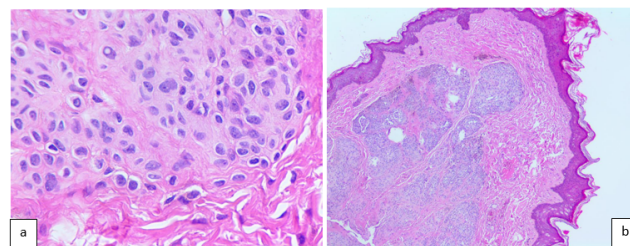


Fig. 1: A polypoid epithelial polyp containing intradermal nests of melanocytes. Hematoxylin and eosin; X 20 magnification (A). A close view of melanocytic nest. Hematoxylin and eosin; X 40 magnification (B).

No noticeable cellular atypia or abnormal mitotic figures seen.

The melanocytic (HMB45 and Melan A) markers and the Ki67 stain, confirmed the melanocytic nature of the lesion and its low proliferative activity.

* Corresponding author.

E-mail address: amo65@hotmail.com (K. A. Aboud).

3. Discussion

AST is distinct from skin tag (acrochordon) developing in the skin elsewhere in the body.

It is not always possible to identify the actual cause of AST in each patient but its occurrence can be associated with genetic predisposition, follow a period of diarrhea and frequent wiping and irritation to the anus, haemorrhoids, chronic anal fissure (sentinel tag), previous pregnancies or surgeries, obesity, aging, chronic perianal dermatoses, and inflammatory bowel diseases (IBD) mainly Crohns disease.¹

AST may reveal also the diagnosis of Crohns disease.¹

AST is usually asymptomatic but it can cause a discomfort and can be itchy. Individuals may complain from it due to hygiene issues or cosmesis. The differentials of AST may include wart or piles. AST can be treated by surgical excision.

Anal Melanocytic nevi (AMN) are not common.⁷

In her review, Aljufairi found only seven definite cases. She added three new cases all of them associated with piles.

We are not aware of any published report of AMN presenting as AST.

Similar to other authors,⁷ we wish to stress the importance of pathological studies of any excised perianal skin tags.

Reporting any incidental findings even if benign, is important to better understand the pathogenesis of different conditions affecting anal area.

4. Source of Funding

None.

5. Conflict of Interest

The authors declare no conflict of interest.

References

1. Taylor BA, Williams GT, Hughes LE, Rhodes J. The histology of anal skin tags in Crohn's disease: an aid to confirmation of the diagnosis. *Int J Colorectal Dis.* 1989;4(3):197–9.
2. Sayan A, Diniz G, Mert M, Ekin ZY, Koyluoglu G. Rhabdomyomatous mesenchymal hamartoma developed at an unexpected location. *Arch Argent Pediatr.* 2019;117(5):519–22.
3. Liasis L, Papaconstantinou HT. Colorectal cancer implant in an external hemorrhoidal skin tag. *Proc (Bayl Univ Med Cent).* 2016;29(2):194–5.
4. Obaidat NA, Awamleh AA, Ghazarian DM. Adenocarcinoma in situ arising in a tubulopapillary apocrine hidradenoma of the peri-anal region. *Eur J Dermatol.* 2006;16(5):576–8.
5. Mahdavy M, Smoller BR. Eccrine nevus presenting as a perianal skin tag: a case report and review of the literature. *Am J Dermatopathol.* 2002;24(4):361–3.
6. Zaki SA, Banur D. Anal skin tag - An unusual presenting feature of food protein-induced allergic proctocolitis in a neonate. *J Neonatal Perinatal Med.* 2021;14(3):441–4.
7. Aljufairi E, Alhilli F. Reasons for rarity of anal melanocytic naevi. *Australas J Dermatol.* 2017;58(4):308–11.

Author biography

Ahmad Al Malki, Consultant

Hasan Al Solami, Consultant

Nasser Idrees, Consultant

Khalid Al Aboud, Consultant  <https://orcid.org/0000-0001-7292-0736>

Cite this article: Malki AA, Solami HA, Idrees N, Aboud KA. Melanocytic nevus presenting as perianal skin tag. *Indian J Pathol Oncol* 2022;9(3):269-270.