

# Madigan Army Medical Center

## Referral Guidelines

### Acrochordons (Skin tags)

#### Diagnosis/Definition

- Acrochordons are very common benign lesions in the adult population. Patients may start getting them in their 30s, especially in intertriginous areas (neck/shoulders, axillae, and groin).
- Skin tags are usually skin-colored asymptomatic pedunculated papules. They may become painful and/or bleed if irritated by clothing or jewelry (like necklaces).

#### Initial Diagnosis and Management

- General – Diagnosis is made clinically in most cases. A pedunculated lesion in a younger patient or in an atypical location, especially if it is an isolated lesion, may need to be biopsied for confirmation. Education of the patient on this condition should emphasize the benign nature of skin tags. Most patients seek treatment because of its cosmetic appearance or discomfort based on location.
- Treatment options include:
  - Doing nothing. A patient may just need to be reassured that these are benign lesions and not desire treatment. Also, letting them know that it is likely that they will get others, even if the current ones are removed, will be enough to discourage the patient from seeking further treatment.
  - Cryotherapy – Light freezing to the stalk or base of the acrochordon (where the blood vessel is located) will eventually result in necrosis of the lesion and it falling off in about 1-2 weeks. One method is to dip dressing forceps into Liquid Nitrogen and when the temperature has stabilized (most of the bubbling stops), the tips of the forceps are used to grab the tag and held until the iceball has travelled to the base of the lesion. Patient should be aware of risks of blister, scar, and partial removal.
  - Snip removal – Thinner-stalked acrochordons can be quickly snipped off at the base with fine, sharp-tipped Iris scissors. For the comfort of the patient (if there are many or in a localized area), topical anesthesia like EMLA or LMX may be applied for at least 30-45 minutes prior to snipping. Pinpoint bleeding may occur (sometimes delayed), and this can usually be stopped with aluminum chloride solution (Drysol) applied with a cotton-tipped applicator.
  - Electrodesiccation – Use of a hyfrecator at a low setting to the stalk is sufficient to cause necrosis of the blood vessel. Resolution will be similar to using cryotherapy.
  - Shave removal – This may be necessary for thicker-stalked, larger acrochordons. In this case, these lesions should be treated as a biopsy using intralesional lidocaine for anesthesia, and sent to pathology for confirmation.

#### Ongoing Management and Objectives

- In general, the above treatments will result in satisfactory resolution.

## **Indications for Specialty Care Referral**

- In general, the average patient need not be referred to dermatology, as removal of skin tags is considered cosmetic, and therefore a lower priority for referral. Usually, tag removal is well within the scope of care for primary care providers. Patients who arrive with this complaint will likely be referred back to their primary care provider for treatment.
- Refer patients who are young children, and/or have very few lesions that are in atypical locations.
- Refer patients if there are lesions that are not distinctly tags (i.e. Nevi, suspected Nodular melanomas, Pyogenic Granulomas, etc.)

## **Criteria for Return to Primary Care**

- Satisfactory diagnosis of the lesions
- For treatment of individual lesions.

Pictures of [Acrochordons](#) from NZ DermNet - New Zealand Dermatological Society

Last Review for this Guideline: **October 2009**  
Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division  
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