Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Skin - Traumatized Skin Tags

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 March 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 March 2025;
- An obstetric discharge summary by the obstetrician, dated 18 October 2011;
- A pre-deployment medical examination and pathology report by the medical officer, dated 14 November 2012;
- A deployed health record by the medical officer, Afghanistan, dated 16 April 2013;
- A return to Australia health screening by the medical officer, dated 30 July 2013;
- An outpatient health record and pathology report by the medical officer, Garrison health centre, dated 5 May 2014;
- A deployed health record and microbiology report by the medical officer, Iraq, dated 22 June 2017;
- A procedure report and histopathology report by the dermatologist and pathologist, dated 15 November 2017;
- A clinical assessment by the general practitioner, dated 26 March 2025.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

12 April 2002 and 5 October 2019

Skin - Traumatized Skin Tags

You have stated that your condition was caused by:

- *being obese, with a body mass index of 30 or more, at the time of the clinical onset of skin tags*
- *having insulin resistance, prediabetes or type 2 diabetes mellitus at the time of the clinical onset of skin tags*
- *having dyslipidaemia or the metabolic syndrome at the time of the clinical onset of skin tags*
- *having repeated friction or chafing of the skin at the affected site from clothing or equipment, for at least 20 hours per week for at least the 6 months before the clinical onset of skin tags*
- *having heavy sweating with occlusion of the skin folds of the affected region in a hot environment, for at least 20 hours per week for at least the 6 months before the clinical onset of skin tags*
- *having been pregnant within the 2 years before the clinical onset of skin tags*
- *taking oral glucocorticoids for at least 4 weeks within the 1 year before the clinical onset of skin tags*
- *having cutaneous human papillomavirus infection of the skin at the affected site at the time of the clinical onset of skin tags*

Diagnosis: Traumatized Skin Tags

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 March 2025, and is supported by a return to Australia health screening by the medical officer, dated 30 July 2013.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *being obese, with a body mass index of 30 or more, at the time of the clinical onset of skin tags*
- *having insulin resistance, prediabetes or type 2 diabetes mellitus at the time of the clinical onset of skin tags*
- *having dyslipidaemia or the metabolic syndrome at the time of the clinical onset of skin tags*

- *having repeated friction or chafing of the skin at the affected site from clothing or equipment, for at least 20 hours per week for at least the 6 months before the clinical onset of skin tags*
- *having heavy sweating with occlusion of the skin folds of the affected region in a hot environment, for at least 20 hours per week for at least the 6 months before the clinical onset of skin tags*
- *having been pregnant within the 2 years before the clinical onset of skin tags*
- *taking oral glucocorticoids for at least 4 weeks within the 1 year before the clinical onset of skin tags*
- *having cutaneous human papillomavirus infection of the skin at the affected site at the time of the clinical onset of skin tags*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with soft, fleshy lumps on both sides of your neck and in both armpits that caught on your radio harness and body armour, causing stinging, occasional bleeding and chafing on 30 July 2013.

The diagnosis was made clinically by the medical officer on 30 July 2013 on the finding of multiple soft, flesh-coloured, pedunculated papules of 2 to 4 mm in the skin folds of the neck and axillae, the typical appearance of acrochordons. The traumatised state was documented on 22 June 2017, with torn and bleeding lesions, a torsioned and infarcted lesion and secondary infection confirmed by culture.

This has then led to further investigations and the diagnosis of your condition of *Traumatized Skin Tags*. I have accepted your condition of *Traumatized Skin Tags*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that this condition is related to your wartime service.

I have therefore accepted that this condition is related to your service with effect from 20 July 2013.

Skin - Traumatized Skin Tags (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 March 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 March 2025;
- An obstetric discharge summary by the obstetrician, dated 18 October 2011;
- A pre-deployment medical examination and pathology report by the medical officer, dated 14 November 2012;
- A deployed health record by the medical officer, Afghanistan, dated 16 April 2013;
- A return to Australia health screening by the medical officer, dated 30 July 2013;
- An outpatient health record and pathology report by the medical officer, Garrison health centre, dated 5 May 2014;
- A deployed health record and microbiology report by the medical officer, Iraq, dated 22 June 2017;
- A procedure report and histopathology report by the dermatologist and pathologist, dated 15 November 2017;
- A clinical assessment by the general practitioner, dated 26 March 2025.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

12 April 2002 and 5 October 2019

Skin - Traumatized Skin Tags (Worsening)

You have stated that the worsening of your condition was caused by:

- *having trauma to the skin tags, including tearing, avulsion or torsion of the stalk, before the clinical worsening of skin tags*
- *having repeated friction or chafing of the skin tags from clothing or equipment for at least 20 hours per week for at least the 3 months before the clinical worsening of skin tags*
- *having secondary bacterial infection of the skin tags or surrounding skin before the clinical worsening of skin tags*

- *being obese, with a body mass index of 30 or more, at the time of the clinical worsening of skin tags*
- *inability to obtain appropriate clinical management for skin tags*

Diagnosis: Traumatized Skin Tags (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 March 2025, and is supported by a return to Australia health screening by the medical officer, dated 30 July 2013.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *having trauma to the skin tags, including tearing, avulsion or torsion of the stalk, before the clinical worsening of skin tags*
- *having repeated friction or chafing of the skin tags from clothing or equipment for at least 20 hours per week for at least the 3 months before the clinical worsening of skin tags*
- *having secondary bacterial infection of the skin tags or surrounding skin before the clinical worsening of skin tags*
- *being obese, with a body mass index of 30 or more, at the time of the clinical worsening of skin tags*
- *inability to obtain appropriate clinical management for skin tags*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with soft, fleshy lumps on both sides of your neck and in both armpits that caught on your radio harness and body armour, causing stinging, occasional bleeding and chafing on 30 July 2013.

The diagnosis was made clinically by the medical officer on 30 July 2013 on the finding of multiple soft, flesh-coloured, pedunculated papules of 2 to 4 mm in the skin folds of the neck and axillae, the typical appearance of acrochordons. The traumatised state was documented on 22 June 2017, with torn and bleeding lesions, a torsioned and infarcted lesion and secondary infection confirmed by culture.

After the condition arose, it was worsened during your service. On 19 June 2017, on warlike service in Iraq, the radio harness strap tore two left axillary tags during a vehicle exit drill, causing heavy bleeding, and a right neck tag twisted on its stalk and became dark, swollen and

painful. Throughout the 3 months before the worsening, from 22 March 2017 to 22 June 2017, you were on warlike service in Iraq carrying your radio harness over body armour for 10 to 14 hours a day, more than 20 hours a week, with the straps rubbing the tags continuously. The torn left axillary tags and surrounding skin became red, sore and discharging, and the swab of 22 June 2017 grew Staphylococcus aureus, requiring cephalexin. Your BMI was 35.2 on 22 June 2017, higher than at onset, after further weight gain with irregular meals, sedentary command post shifts and limited exercise on deployment. Removal was requested on 5 May 2014 because the tags caught and bled under equipment, but the garrison health centre declined it as cosmetic, and on deployment in 2017 no excision was available after the trauma.

This has then led to further investigations and the diagnosis of your condition of *Traumatized Skin Tags (Worsening)*. I have accepted your condition of *Traumatized Skin Tags (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that the worsening of this condition is related to your wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 22 June 2017.

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