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Original Research Paper

Surgery

" CHONDROID SYRINGOMA OF NOSE-AN UPDATE OF MIXED ADNEXAL SKIN TUMOR."

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ABSTRACT Chondroid Syringoma is a rare benign adnexal skin tumor arising from sweat glands(apocrine or eccrine) situated in the dermis. They are often mistaken for other benign adnexal tumors of the skin and are most commonly seen in the head and neck region and, in individuals above the age of 40 years and predominantly in males. Rarely they can turn malignant and diagnosis is only by histopathology. We had an occasion to treat a 50 years old female patient with this tumor occupying the entire right alanasi. We could treat her well by complete excision with out any deformity of the alanasi. We are reporting this case, since this is the first case reported arising from the alanasi in the world literature and also review the available literature.

KEYWORDS : Chondroid Syringoma – mixed adnexal skin tumor – alanasi – Sweat gland tumors.

INTRODUCTION:

Chondroid Syringoma is an unusual, benign tumor arising from the skin appendages usually sweat glands. Pathologically they consists of both epithelial and mesenchymal elements and hence referred as mixed tumor of the skin and usually compared with pleomorphic adenoma of the parotid salivary gland. Rarely they can turn malignant, particularly in males and those lesions in the limbs and trunk. Our case is occupying whole of the right alanasi and was completely excised with excellant cosmetic result Had no recurrence in subsequent followup visits for 3 months and the patient felt very much relieved of her problem.

Case Report:

A 50 years old female patient came to the out patient department of plastic surgery, NRI Hospital. She was reffered for specialist advise and treatment by ESI Hospital, Vijayawada. She was referred as a ? tumor of vascular origin (Hemangioma) or as a sebaceous cyst. she had no history of trauma.

On Examination painless solitary swelling in the right alanasi of four years duration, gradually increasing in size, stretching the overlying skin and projecting in to the right nasal cavity medially. Nasal mucosa is normal. Skin and nasal mucosa could not be pinched from the swelling. There are no abnormal changes either in the skin or in the nasal mucosa. It is 2 X 2 cms in size, smooth surface with well demarcated edges on all the sides and uniformly firm in consistency. There are no pulsations. Transillumination is negative. No enlargement of regional lymphnodes. No other swellings in the body(fig.1)

A clinical diagnosis of a benign adnexal tumor of alanasi(adenoma) or a solitary neuro fibroma was made and planned for excision through an incision in the alarcrease, superiorly. The tumor was carefully separated from the under lying mucosa and cartilages without damage to the capsule of the tumor and finally completely separated from the over lying skin very carefully and excised intoto(fig.2). The redundant, excess skin was trimmed and skin incision was closed. The alarcartilages and base of the ala are all well protected. The excised specimen was sent for histopathological examination to department of Pathology with a clinical diagnosis of adenoma of the right alanasi.

Histopathology(fig.3): Gross examination revealed a greyish white nodule which measured 2 X 2 cms and was firm in consistency with smooth surface. Cut section showed an encapsulated solid grey white appearance with focal translucent areas. Histopathology revealed a well encapsulated lesion, composed of numerous small, non branching tubules which were set in a myxoid and cartilaginous stroma. Based on the clinical findings a definitive diagnosis of Benign chondroid syringoma was made.

The Patient was discharged on 5th postoperative day after suture removal. Three month post operative checkup shows complete healing with normal appearance of alanasi and the patient had no further problems and was extremely happy and satisfied (fig.4).

Photographs:

Figure 1(Preop)
Figure 2(Peroperative)
Figure 3(Histopathology)
Figure 4(Postoperative)

DISCUSSION:

A chondroid syringoma, which is also known as mixed tumor of the skin, is a rare, benign adnexal tumour of sweat gland origin, which is composed of both epithelial and mesenchymal components and it is histologically similar to benign mixed tumours of salivary glands(3). The aetiopathogenesis of these tumors is unknown, but some authors suggest the hypothesis of an epithelial and a mesenchymal origin(2-5).

The first case is believed to have been reported by Nasse et all., in 1892. In 1961, Hirsch and Helwig reported a large series in which they coined the term, chondroid syringoma for these tumors, owing to the presence of a sweat gland like epithelial component and frequent cartilaginous like stroma. They proposed the following five histological criteria for diagnosis 1. Nests of cuboidal or polygonal cells, 2.Interconnected tubuloalveolar structures which were lined with two or more rows of cuboidal cells; 3.Ductal structures which were composed of one or two rows of cuboidal cells; 4. Occasional keratinous cysts and 5. A matrix of varying composition . Chondroid syringomas may have all five characteristics or they may manifest only one characteristic [1].

In 1961, Headington recognized 2 types, apocrine and eccrine. The apocrine type demonstrates irregular branching tubules (tubulocystic pattern) which are lined by at least a 2 cell thick epithelium. The eccrine type is characterized by rather uniform, small, round tubules that are evenly spaced within a myxoid-chondroid matrix.

The reported incidence of chondroid syringomas among primary skin tumors is less than 0.01% and a greater incidence of 0.098% was reported by Yavuser et al., Lesions

are typically located on the head and neck, and they are non-ulcerating, slowly growing and subcutaneous or dermal nodules [1-4]. However,sungur et al,. reported a benign tumor where rapid growth, ulceration, and necrosis were evident at the tumorsite [6]. These tumors have also been reported in other parts of the body, which include the chest, abdomen and extremities. Rarely they are located on the scrotum, eyelids or orbits [7].

It was reported from the department of Pathology of Gazi university, Ankara, Turkey, that among 16,200 excised skin lesions (during 1986 to 2002), there were 16 cases of chondroid syringomas. Department of Pathology, Gaziantep School of Medicine, Turkey, reported 13 cases of benign chondroid syringoma among 1921 skin lesions (during 1995 to 2001) and 10 which were situated in the head and neck region. Henry Ford Hospital reported 25 cases of chondroid syringomas from Surgical Pathology files of 1985 to 1997.

Chondroid syringomas may be confused clinically with various skin lesions which include benign tumors of epidermal or mesenchymal appendages like dermoid or sebaceous cysts, neurofibromas, lipomas, etc.

Although most are benign, malignant forms have been reported [6,8]. Unlike its benign counterpart, the malignant form occurs predominantly in females. It has no age related predilections, and it is observed more commonly in the extremities. Histological findings such as cytological atypia, infiltrative margins, satellite tumour nodules, tumor necrosis, and involvement of deep structures are considered as signs of a malignant transformation [2,5].

Because of its malignant potential, complete excision of a chondroid syringoma must be done. The patient should be followed carefully for both local recurrence and metastasis.[8-12]

CONCLUSIONS:

Chondro syringomas are rare and usually benign tumors commonly seen in the head and neck region. This should be considered in differential diagnosis of cutaneous head and neck tumors especially in middle aged individuals. Rarely malignant transformation can occur and requires wide excision on all the margins.

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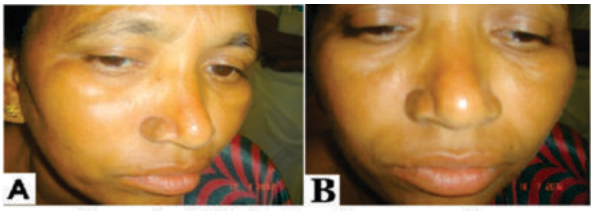

Figure4: A&B: Postop Three months

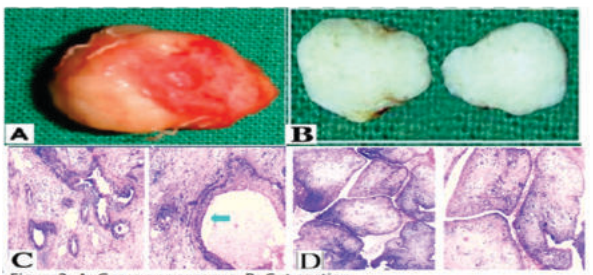

Figure3: A: Gross appearance B: Cut section
C: (400 X) Epithelial elememts with double layered lining epithelium
D: Low power 100X chondroid areas High power 400X

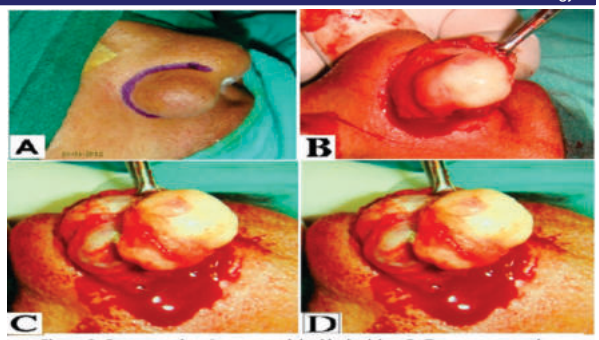

Figure2: Peroperative A: preop with skin insition B: Tumor exposed upto nasal mucosa

C: Being desected from this skin D: Being seperated from this skin

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