



DISSEMINATED SYRINGOMA: AN UNUSUAL PRESENTATION.

Dermatology

Dr. Subhasree B. S	Junior Resident, Department of Dermatology, Venereology & Leprosy, Sree Balaji Medical College & Hospital, Bharath University, Chennai 600044, Tamil Nadu, India.
Dr. S. Arun Karthikeyan	Junior Resident, Department of Dermatology, Venereology & Leprosy, Sree Balaji Medical College & Hospital, Bharath University, Chennai 600044, Tamil Nadu, India.
Dr. Jayakar Thomas*	HOD and Professor, Department of Dermatology, Venereology & Leprosy, Sree Balaji Medical College & Hospital, Bharath University, Chennai 600044, Tamil Nadu, India. *Corresponding Author

ABSTRACT

Syringoma is derived from the Greek word syrxinx meaning pipe or tube. It is a benign tumour composed of sweat ducts that is usually multiple. They are fairly common tumours that occur most commonly in women. Rarely, the condition can be familial. Usually, they present as soft, flesh coloured to slightly yellow papules on the lower eyelids of healthy individuals. They can also affect the scalp, forehead, neck, abdomen and extremities. Hereby reporting a case of disseminated syringoma in a female patient.

KEYWORDS

Syringoma, benign, syringocystadenoma, syringocystoma

INTRODUCTION:

Syringomas are benign intra-epidermal proliferations of the eccrine sweat ducts. They occur predominantly in women during puberty or early adulthood. They most commonly present as small papule in the infra-orbital region. They can also occur in cheeks, axillae, neck and abdomen¹. They vary in size from 1 to 3 mm. Some rare cases present in a linear nevoid distribution and can also be associated with alopecia and Down's syndrome². Other types of Syringomas described are vulval syringomas, penile syringomas, familial eruptive syringomas. Multiple syringomas, due to sun exposure and acral in locations has also been described. These multiple syringomas can sometimes be associated with breast cancer.

CASE REPORT:

16 year old female patient came to the Dermatology OPD with complaints of multiple small papules over face, neck, bilateral extremities and abdomen since 5 years. The lesions were asymptomatic. They started first on the face and gradually progressed to the other sites. No h/o pain, weight loss. No h/o similar lesions in the family.

On examination, multiple small, skin coloured soft papules were seen over the face, neck, abdomen and bilateral extremities. The lesions were non-tender.

Biopsy was taken which revealed circumscribed nodules of sclerotic stroma that contained epithelial elements. The tubules were lined by two or three layers of cells and contain an amorphous material. The tubules and cords were arranged in a "comma" or "tadpole configuration".

DISCUSSION:

Syringomas are benign proliferations of the intra-epidermal portion of the eccrine sweat duct. They most commonly occur in females and affects mainly the face, specifically the infra-orbital region. There have been a number of clinical and histopathological variants such as familial, clear cell, milium-like, urticaria pigmentosa like, vulval, multiple, linear nevoid like⁴. It has also been associated with conditions like Down's syndrome and diabetes mellitus.

Although occasionally solitary, lesions are multiple in nature and occur as soft, asymptomatic skin coloured to yellow papules. They are usually 1 to 3 mm in diameter. Eruptive syringomas are more commonly seen on the anterior trunk. If there is an increased amount of intracellular glycogen it is known as the clear cell variant. Urticaria pigmentosa like is suggested when there is an increased number of mast cells. Vulval syringomas are seen as papules in the labia major of women in their third decade of life⁵.

On histopathology, syringomas occur as numerous small ducts embedded in a fibrous stroma. Their walls are lined by two rows of epithelial cells. Amorphous debris is found in the lumina of the ducts. The arrangement of tubules and cords give a "comma" and "tadpole" configuration. In clear cell variant glycogen accumulation is seen. There maybe keratin filled cystic ductal lumina near the epidermis and these resemble milia.

Conditions in differential diagnosis are trichoepithelioma, milia, xanthelasma, angiofibroma, fibrofolliculoma, steatocystoma multiplex, basal cell carcinoma, microcystic adnexal carcinoma.

Treatment is mainly for cosmetic reasons. The options include diathermy, CO2 laser, dermabrasion, cryosurgery and electrodissection. All treatment options come with a risk of recurrence⁶.

CONCLUSION:

Syringomas commonly affect women. These are benign but are aesthetically disfiguring as they commonly occur over the face. We hereby report this case for its rarity in occurrence.

ACKNOWLEDGMENT: None

CONFLICT OF INTEREST: The authors declare that they have no conflict of interest.

Figure 1 : Clinical photograph showing papules in the infra-orbital region and neck.



Figure 2 : Clinical photograph showing papules on bilateral upper limbs



HISTOPATHOLOGY:

Figure 1 : Numerous small ducts embedded in a fibrous stroma

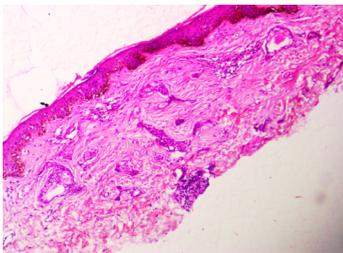
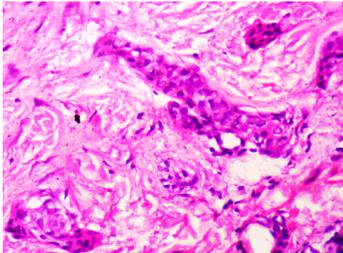


Figure 2 : Tubules and cords arranged in tadpole and comma configuration



REFERENCES:

1. Weedon D. Eccrine tumors: a selective review. *Journal of cutaneous pathology*. 1984 Oct;11(5):421-36.
2. Hashimoto K, DiBella RJ, Borsuk GM, Lever WF. Eruptive hidradenoma and syringoma: Histological, histochemical, and electron microscopic studies. *Archives of dermatology*. 1967 Nov 1;96(5):500-19.
3. Urban CD, Cannon JR, Cole RD. Eruptive syringomas in Down's syndrome. *Archives of dermatology*. 1981 Jun 1;117(6):374-5.
4. Soler-Carrillo J, Estrach T, Mascaró JM. Eruptive syringoma: 27 new cases and review of the literature. *Journal of the European Academy of Dermatology and Venereology*. 2001 May;15(3):242-6.
5. Huang YH, Chuang YH, Kuo TT, Yang LC, Hong HS. Vulvar syringoma: a clinicopathologic and immunohistologic study of 18 patients and results of treatment. *Journal of the American Academy of Dermatology*. 2003 May 1;48(5):735-9.
6. Karma P, Benedetto AV. Intralesional electrodesiccation of syringomas. *Dermatologic surgery*. 1997 Oct;23(10):921-4.