



LINEAR SCAP : A RARE PRESENTATION

Dermatology

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ABSTRACT

syringocystadenoma papilliferum is an uncommon tumour. Here we report a case of a young girl with linear SCAP above the nape of neck in a linear fashion which was confirmed on histopathological examination. Surgical excision was done thereafter.

KEYWORDS

Adnexal tumour, syringocystadenoma papilliferum, linear

Case Report

A 7-year-old girl presented to us with multiple asymptomatic slightly reddish papules above the nape of neck (occipital area of scalp). The lesions started to appear at the age of 4 years and progressed in a linear fashion over the occipital region with age. The lesions were slightly itchy. There was no history of any neurological, ocular or skeletal abnormality. On examination there were multiple erythematous papules and some nodules in a linear pattern over middle of the occipital area. Most papules were discrete dome shaped with a few papules were coalesced to each other. No regional lymphadenopathy was present. The routine hematological and biochemical tests, chest radiograph was normal. Skin biopsy showed invaginations of epidermis with papillary projections with columnar and cuboidal cells. The fibrovascular core of papillae showed plasma cells, neutrophils and lymphocytes. Deep dermis showed apocrine sweat glands all favouring SCAP. Surgical excision was done which turned out to be cosmetically well acceptable to the patient.

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DISCUSSION

Syringocystadenoma papilliferum is an uncommon hamartomatous adnexal tumor which in majority of cases present on head and neck region. It comes under tumors with apocrine gland origin. The lesions are usually seen at birth or in childhood. SCAP presents as multiple warty papules, plaque, nodules which may be slightly reddish. The lesion can coexist with Naevus sebaceous in around 25-30% of cases. Linear variant is usually present at birth or can develop at puberty and most commonly presents in neck region. Rare reports of over abdomen has been reported. The lesions increase in size with papillomatous expansion at or around the time of puberty. Histopathology can confirm the diagnosis. Rarely malignant transformation to SCC, BCC or sweat gland tumour has been reported.

CONCLUSION

SCAP features can vary widely. But typical location of the lesions in young age patients should provoke clinician to get skin biopsy of the lesion which is diagnostic of SCAP and help it differentiate from other lesions which occur on same sites.

Acknowledgement

We would like to thank patient who agreed to have her case reported

Declaration of patient consent

We certify that we have obtained patient consent. Patient have given consent for images and other clinical information to be reported in the journal. The patient understands that their name and initials will not be published and due efforts will be made to conceal their identity, but anonymity can not be guaranteed.

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Conflicts of interest

Nil

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