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A CASE REPORT - SYRINGOCYSTADENOMA PAPILLIFERUM OF THIGH IN AN ADULT MALE

Histopathology

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ABSTRACT

Syringocystadenoma Papilliferum is a benign, hamartomatous adnexal tumor originating from the apocrine or the eccrine sweat glands. There is equal rate of incidence in both male and female. Most of the cases involve head and neck region. We are presenting a case of 21 years male patient presenting with 10 years long history of an asymptomatic slowly growing solitary 3x2x2 cm skin lesion on his left thigh which oozed fluid and was at times associated with bleeding. The lesion was excised and reported as Benign Adnexal Tumor (Sweat Gland) – Syringocystadenoma Papilliferum.

KEYWORDS

Hamartomatous, adnexal, apocrine, eccrine

INTRODUCTION:

Syringocystadenoma Papilliferum (also known as papillary syringadenoma) is benign, hamartomatous adnexal tumor. It is relatively a rare neoplasm originating from the apocrine or the eccrine sweat glands. Although benign, co-occurrence of basal carcinoma, metastatic adenocarcinoma and ductal carcinoma may be observed. Male and female, both are equally affected. 50% cases present at birth or in early childhood. 15-30% of cases develop during puberty. 75% cases are reported in the head and neck.[1] Unusual locations are buttock, vulva and scrotum, pinna, eyelid, outer ear canal, postoperative scar, scalp, nipple, thigh, axilla, back and right lower abdomen.[2]

Case report:

A 21 year old male patient presented with 10 year long history of an asymptomatic slowly growing solitary skin lesion on his left thigh which oozed fluid and was at times associated with bleeding. He was treated with several antibiotics and steroids for years but without improvement. Past medical history, family history and review systems were unremarkable. Skin examination revealed a solitary 3x2x2 cm nodular and verrucous growth on his left thigh. (Figure 1) There was no lymphadenopathy. Excised tissue specimen was sent for histopathological examination.

Figure 1: Clinical Image showing nodular or verrucous like growth

Grossly the specimen received was single, partly skin covered tissue bit measuring 3x2x2 cm with warty area of 1 cm. Entire tissue was submitted for routine histopathology processing and prepared slides are subsequently stained by H&E stain. The histopathological examination showed epidermal hyperplasia with hyperkeratosis and hypergranulosis. At places, exoendophytic configuration with a gradual transition from stratified squamous epithelium at epidermal surface to a bilayered ductal epithelium are seen (Figure 2).

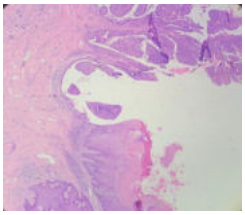

Figure 2: Gradual transition of Squamous to double layer of cuboidal and columnar epithelium (H&E, 4X)

Many irregular duct like structure and cystic spaces are seen. Cystic invaginations of the infundibular epithelium projecting into the dermis covered by a double cell layer, innermost layer is composed of columnar cells and outermost layer is composed of cuboidal cells with papillary projection (Figure 3, 4).

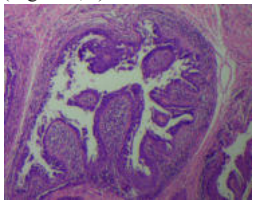

Figure 3: Cystic invagination of double epithelium (H&E, 10X)

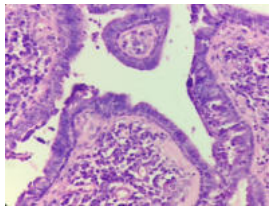

Figure 4: Double layer of columnar and cuboidal epithelium (H&E, 40X)

Ducts containing papillary processes and lined by two epithelial cell layers, connect to surface. Ducts invaginate from surface into dermis. Papillary fronds extend upwards from the base and plasma cell common in the stroma of each frond. On the basis of clinicopathological findings final diagnosis of Benign Adnexal Tumor (Sweat Gland) – Syringocystadenoma Papilliferum was made.

DISCUSSION:

Syringocystadenoma Papilliferum (SCAP) is rare benign adnexal neoplasm that originates from either apocrine or eccrine sweat glands. The main differential diagnosis includes basal cell carcinoma, cutaneous lymphoma and pyogenic granuloma. However, slowly growing fleshy mass that has been growing for years and sometimes oozes fluid and sometimes bleeds is characteristics of Syringocystadenoma Papilliferum.[3]

Syringocystadenocarcinoma papilliferum, which is the malignant counterpart, should be ruled out while evaluating histopathology of SCAP. Basal cell carcinoma has been reported to be seen in 10% of patients with SCAP. So, a patient with SCAP should be evaluated for associated basal cell carcinoma. However, recurrence is common.[4]

CONCLUSION:

In our case , we report Syringocystadenoma Papilliferum, rare neoplasm. Though it is called as childhood tumor it rarely appears in adults. The Nodular variety has predilection for trunk, but here, it is presented on the left thigh. Due to the risk of malignant change, prophylactic early surgical excision followed by detailed histopahological examination should be done to differentiate it from its malignant counterpart Syringocystadenocarcinoma papilliferum. The prognosis for this tumour seems to favorable.

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