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Dermatology

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SYRINGOCYSTADENOMA PAPILLIFERUM MASQUERADING AS NEVUS SEBACEOUS – A CASE REPORT

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ABSTRACT

Syringocystadenoma Papilliferum is a benign tumor arising from apocrine or eccrine gland. Nevus Sebaceous of Jadassohn can occur along with Syringocystadenoma Papilliferum in 40% of cases. Here we report a case of Syringocystadenoma Papilliferum masquerading as Nevus Sebaceous of Jadassohn of the scalp.

INTRODUCTION:

Syringocystadenoma Papilliferum is an uncommon adnexal hamartoma which was first reported as a tumour of sweat gland origin. Genetic studies have shown mutation in the PTCH and P 16 tumour suppressor genes.(1) Nevus sebaceous of Jadassohn is usually present at birth or may occur later in life. In subsequent stages of development several neoplasms and hamartomas may develop secondarily within Nevus sebaceous, the commonest being the Syringocystadenoma Papilliferum. It may be difficult to distinguish both these hamartomas clinically and a biopsy is usually required for diagnosis.

CASE REPORT:

A 36 year old male patient came with complaints of a slowly growing raised skin lesion over the scalp since birth. Patient denied any history of loss of hair, pain, itching or bleeding from the site of the lesion. Examination revealed a pigmented plaque with a verrucous surface of size 4x3cm , over the right parietal area of the scalp. Rest of the physical examination revealed no abnormality. A clinical diagnosis of Nevus sebaceous of Jadassohn was made. Biopsy was done, which revealed papillary projections with dark and light cells with decapitation secretion. Hence, we confirmed the diagnosis as Syringocystadenoma Papilliferum. Patient was referred to general surgery for Excision of the skin lesion.

DISCUSSION:

Syringocystadenoma Papilliferum, also known as Nevus Syringadenomatosus Papilliferus. It is a benign proliferating tumour, showing differentiation in an apocrine or eccrine pattern. The lesion usually presents at birth or in childhood, there is no sex predilection, Syringocystadenoma can occur most commonly over the scalp and face, however it can also occur in other sites involving the vulva, ear, leg and scrotum. The primary lesion is a solitary plaque(4,5) which is skin coloured, flat and smooth, devoid of hair when present over the scalp, during adolescence the lesion may become verrucous or papillomatous surface.(5) Usually it is asymptomatic, however there is mild irritation or bleeding while combing the hair.

Syringocystadenoma Papillferum has been associated with several neoplasms like Trichoblastoma , Trichilemmoma, Apocrine adenoma, Hidradenoma Papilliferum or rarely malignant tumors like Squamous cell carcinoma, Basal cell carcinoma and Ductal carcinoma(2,3).

CONCLUSION:

We report this case because of its clinical similarity with Nevus Sebaceous of Jadassohn, biopsy has to be done to differentiate Syringocystadenoma Papillferum from Nevus sebaceous of Jadassohn. Excision of the tumour is both therapeutic and diagnostic.

ACKNOWLEDGEMENT

None

CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

LEGENDS TO FIGURES:

FIG 1: Clinical photograph showing pigmented plaque with a verrucous surface of size 4x3cm over the right parietal area of the scalp.

FIG 2: Histopathology shows papillary projections which are lined by two rows of cells, the luminal row of cells consists of columnar cells with decapitation secretion.

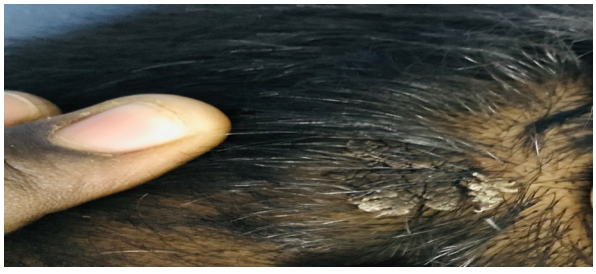

FIG 1:

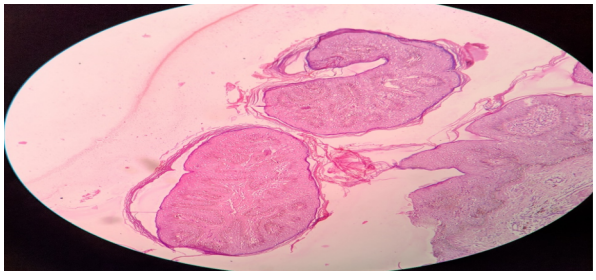

FIG 2:

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