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INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI: 10.21474/IJAR01/15008
DOI URL: http://dx.doi.org/10.21474/IJAR01/15008

RESEARCH ARTICLE

A CASE REPORT OF ERUPTIVE SYRINGOMA: CLINICAL, DERMOSCOPIC AND HISTOLOGICAL FEATURES

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Manuscript Info

Manuscript History
Received: 05 May 2022
Final Accepted: 08 June 2022
Published: July 2022

Abstract

Syringoma is a benign adnexal tumor that originates from the acrosyringium. Eruptive syringoma is a rare variant that manifests in the form of skin-colored or brownish, shiny, angulated papules that occur in successive crops. Dermoscopic evaluation reveals brownish regular pigment network and tiny whitish dots between adjacent papules that correspond histologically to multiple eccrine ducts lined by a double-layered epithelium, giving a paisley tie appearance. This case of eruptive syringomas highlights the importance of histopathological and dermoscopic evaluation.

Introduction:-

Syringomas are well known to be benign adnexal tumors detected most commonly periorbital skin areas. Eruptive syrngoma is a rare variant of syringoma which appears in large numbers as multiple skin-colored or slightly pigmented papules. These cases are generally biopsied by a provisional diagnosis of mastocytosis or lichen planus, and the typical, distinctive histopathological findings confirm syringoma. We herein present the case of a 18 year old woman with eruptive syringoma.

Patient And Observation:-

A 18 year old woman presented to the dermatology clinic for evaluation of numerous brownish papules located on the neck, trunck, abdomen and back (Figure 1, 2).

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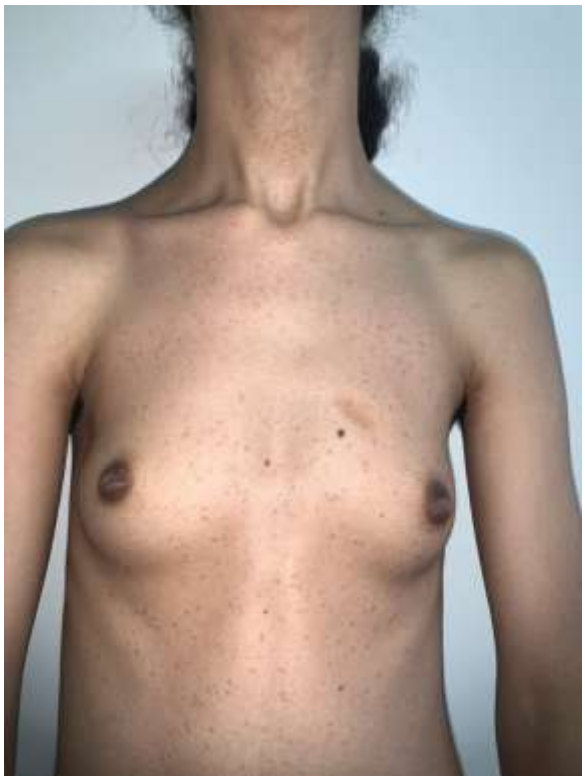
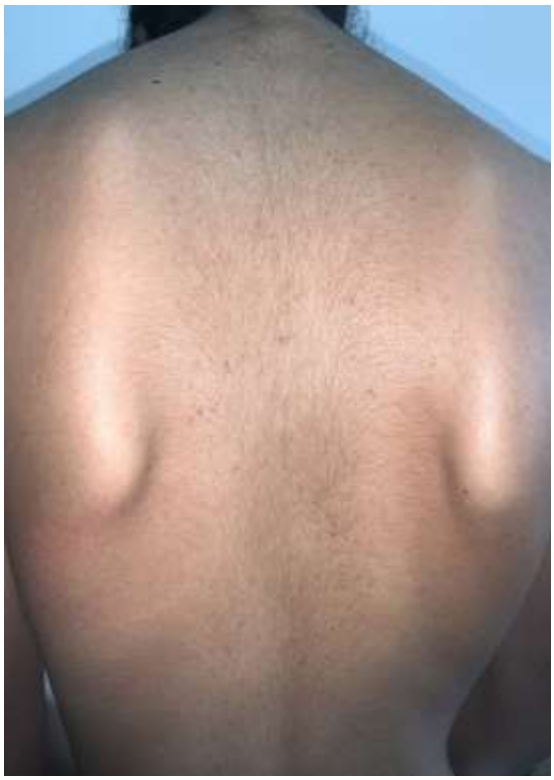

Figure 1 and 2:- Multiple monomorphic brownish papules on the neck, chest, back and the upper arms.

The non-pruritic, non-tender papules arose approximately 2 years earlier. The patient was otherwise healthy; she denies any known medical condition and did not take any prescription or herbal medication.

The dermoscopic findings showed fine reticulate brown lines on a light brown background (Figure 3)

Figure 3:- Dermoscopy shows fine reticulate brown lines on a light brown background (Dermlite DL4 , polarized mode).

A biopsy was performed, histopathologic examination of the biopsy of the abdomen lesion showed a normal epidermis with benign proliferation of multiple eccrine ducts lined by two rows of epithelial cells embedded in fibrotic stroma of the upper dermis (Figure 4).

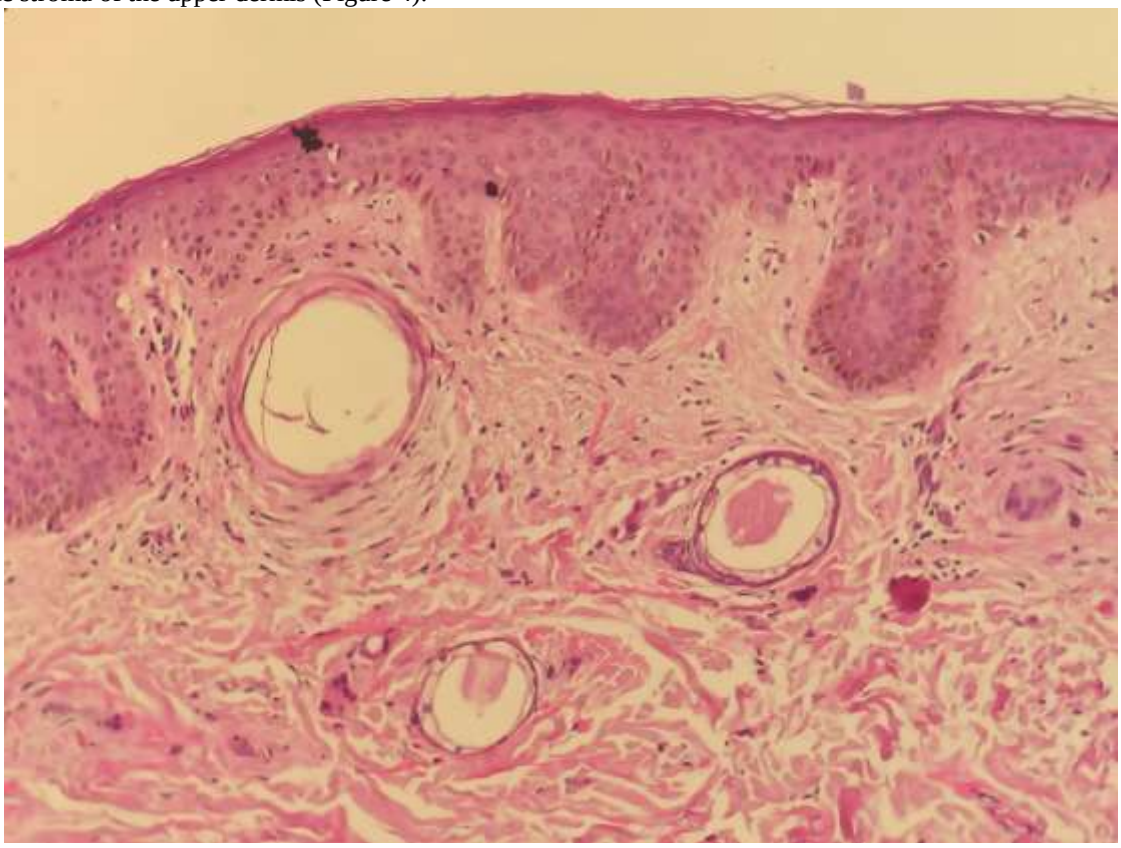

Figure 4:- Cystic –dilated ductal proliferations with rows of epithelial cells located in upper dermis with a typical "tad pole" appearance, some of them including keratinous material in their lumina.

So on the basis of clinicohistopathological correlation, the diagnosis of eruptive syringoma was made.
After discussion, the patient decided against further treatment of her condition.

Discussion:-

Syringomas are benign adnexal tumors of eccrine origin, with four principal clinical variants . Fiedman and Butler have classified syringomas into four clinical types : localized , generalized(eruptive), variant associated with Down's syndrome, and familial type. [1]

In eruptive syringoma, a rare variant first described by Jacquet and Darier in 1987 [2], the lesions occur in large numbers over a short period of time and in successive crops on the anterior chest, neck, upper abdomen, axillae, and the periumbilical region at puberty or during childhood . African Americans and Asians are known to have a higher incidence of eruptive syringomas [3] and they are more common in women, which matches our patient.

Syringomas are 1-3 mm, skin-colored to yellow or brown, flat-topped benign skin tumors derived from intraepidermal eccrine ductal epithelium. The eruptions are generally asymptomatic, although pruritus has been reported in some cases.

The pathophysiology of eruptive syringomas is not fully understood, but some speculate hormonal influence to be a major cause, whereas others cite an inflammatory trigger in response to autoimmune conditions, trauma from waxing, radiation, or picking and heat stimuli.

The use of dermoscopy in eruptive syringoma can be useful and may help differentiate it from other diseases such as lichen planus, mastocytosis, or histiocytosis [4]. There are limited data describing the dermoscopic features of syringoma. An image of homogeneous brownish area with delicate brown pigment network was reported for linear syringoma [5] and shiny white structures over a fading pink back-ground with dotted and linear vessels were seen in vulvar syringoma [6]. Dermoscopic findings of incomplete pigment network with a reddish tinge were described in a patient with eruptive syringoma [7]. In recent report with 2 cases of eruptive syringoma features of reticular light brown lines, structureless light brown areas, and reticular vessels were seen on dermoscopy [8], as shown in our patient.

The definite diagnosis of eruptive syringoma can be made on histopathological examination as it includes distinct features including the characteristic comma shaped tail "tad pole pattern" comprised of dilated cystic eccrine ducts [9].

Treatement for euptive syringoma is mainly for cosmetic purposes, as there is no known long-term morbidity or mortality associated with this condition. [10]

With a multitude of treatement options available, the main aim of treatement is to decrease scarring and reduce recurrence. The various treatment modalities available include dermabrasion, cryosurgery, electrodesiccation, chemical peeling, oral and topical retinoids, carbon dioxide laser therapy and topical atropine. However, the results are often unsatisfactory.

Oral isotretinoin is the most commonly used treatment modality due to its systemic effect on these lesions; however, the risk of recurrence is unaffected .One study exhibited moderately effective treatment results by using a Q-switched alexandrite laser and subsequent temporary tattooing [11]. In general, surgical approaches are less useful due to the widespread nature of these lesions.

In our case, it was decided not to treat since the skin lesions were asymptomatic and without aesthetic disconfort for the patient.

Conclusion:-

Eruptive syringoma is a rare variant of syringoma, and our case was a classic presentation based on gross demoscopic and histopathologic examination. When considering a patient who presents with numerous flesh-colored papules spreading over the periorbital area, neck, chest, abdomen, or axillae, it is important to keep eruptive syringoma in the differential diagnosis. Keeping patient presentation and preference in mind, conservative management should always be considered for these cases.

Informed consent has been obtained from the patient for us to use the pictures.

The authors declare no conflict of interest.

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