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RESEARCH ARTICLE

DERMOSCOPIC FEATURE OF CHONDROID SYRINGOMA: ABOUT 2 CASES

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Abstract

Chondroid syringoma (CS) is an uncommon, benign mixed skin tumor characterized by slow growth. Typically, it manifests more frequentlyin the head and neck region, with a predilection for the nose and occasionally presents in the extremities. This condition is twice as prevalent in men compared to women.

Introduction:-

Chondroid syringoma is a rare benign skin tumourcharacterised by a dual epithelial and mesenchymal component.It is frequently observed in males within the age range of 20 to 60 years[1]. Predominantly, it manifests in the lips, cheeks, nose, and scalp. The histopathological examination is crucial for accurate diagnosis.Due to its rarity, the condition can be mistakenly diagnosed as dermal nevi, cysts, or other cutaneous adnexal tumors[2].The preferred method for management is excisional biopsy, ensuring the preservation of normal aesthetic anatomy, and is considered the gold standard.We report here the case of 02 patients with chondroid syringoma.

Observations:-

Casen°1:

A 70-year-old woman, without anyprior medical history, exhibited a reddish nodule in the right subnares that had persisted for a duration of 10 years.

Clinical examinationrevealedanerythematousnodule, well limited, firm in consistency, witha non-infiltrated base, measuring 15 mm, located in the right sub-nostril[Figure 1a].

Dermoscopyshowedtelangiectasia,arborescentvesselsandwhitestructurelessarea[Figure1b].

Asebaceousadenomaandatrichoepitheliomaweresuspected,andtheentirelesionwasenucleatedunderlocal anaesthesia.

Histologywas in favour ofa chondroid syringoma that had to be completelyremoved.It showedthe appearance of anencapsulated nodular lesion, well limited, benign inappearance, not connectedto the epidermis. Ittakes the form of a tumour proliferation arranged in clusters, sometimes cribriform, and glands associated with numerous cavitiesof variable size. The tumour cells are basophilic in appearance with oval nuclei , fine chromatin and eosinophilic cytoplasm. The stroma is chondroid with fibroadiputic changes, sometimes myxoid[Figure 1c].

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Casen°2:
A 53-year-old patient ,previously healthy, presented with a painless nodule on the right nasal wing that had been present for 8 months. On clinical examination, the nodule was firm, 2.5 cm long and mobile in relation to the subcutaneous layers. The surrounding skin had no abnormalities[Figure 2a].

Dermoscopy showed the presence of telangiectasia, arborescent vessels with an erythematous background[Figure2b].

The patient underwent a simple enucleation with the clinical hypothesis of a dermoid cyst due to the highly suggestive appearance.

However, histology led to the diagnosis of a chondroid syringoma: we found a well-limited tumour proliferation, consisting of an epithelial contingent represented by cubic or cylindrical cells forming tubes, a myoepithelial contingent arranged in a sheet and a myxoid and cartilaginous contingent. No cyto-nuclear atypia or mitoses[Figure2c].

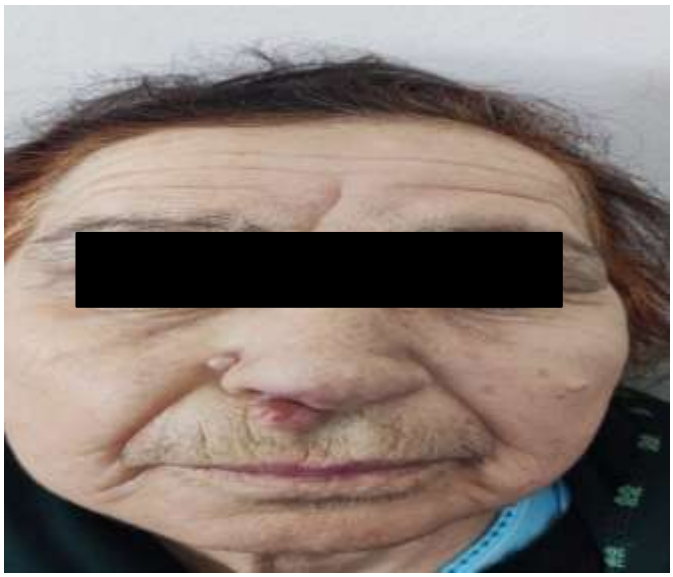

Figure1a:-Anerythematousnodule,locatedintherightsub-nostril.

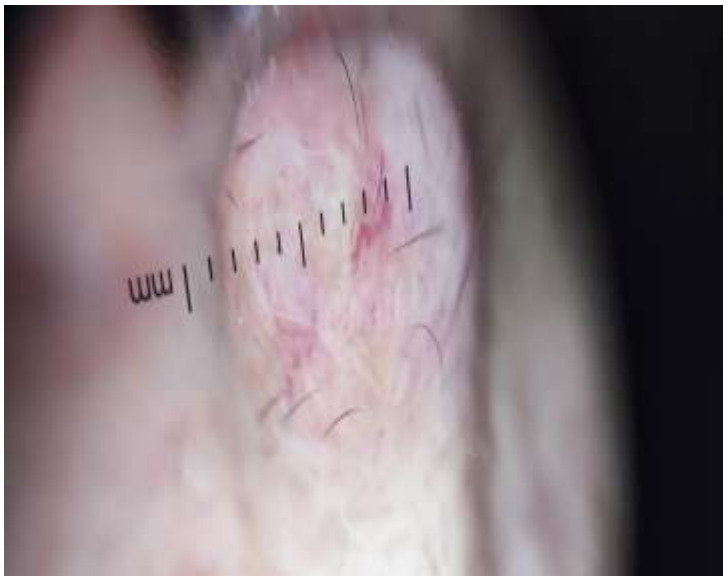

Figure1b:-Dermoscopyshowedtelangiectasia,arborescentandwhitestructurelessarea.

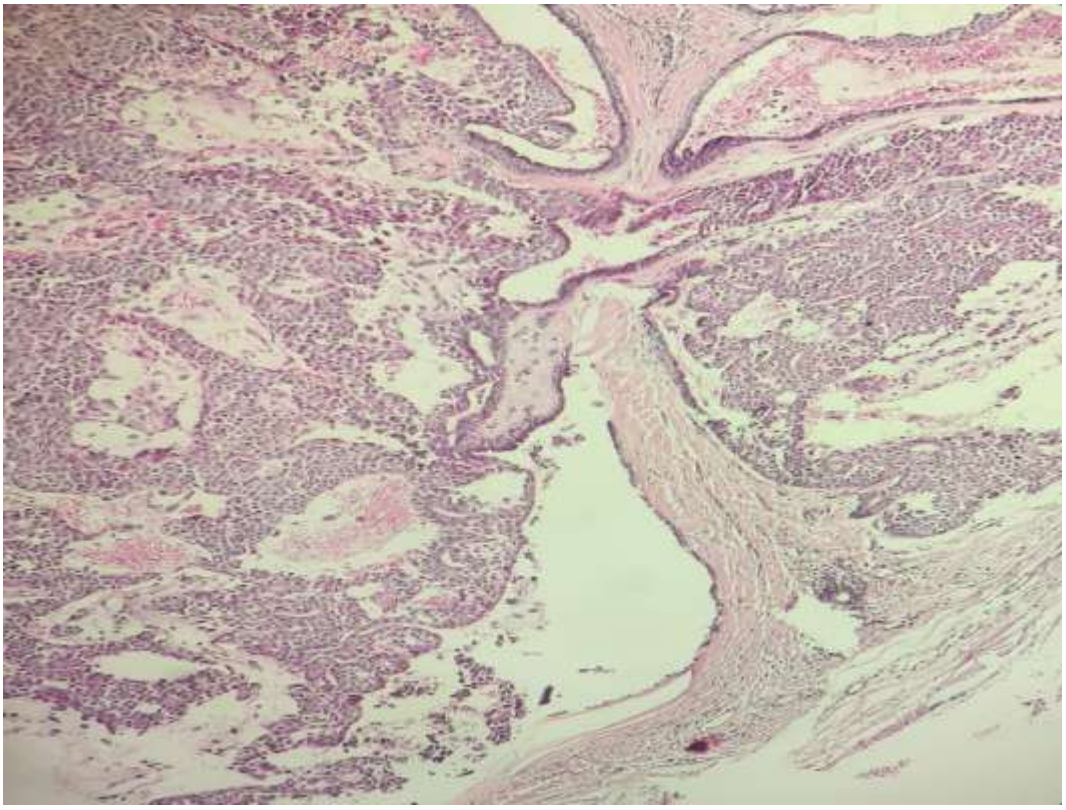

Figure1c:-Microscopyshowsawell-circumscribedandunencapsulate dermaltumorcomposedofcellsarranged in solid cords, clusters as well as forming ductal structures in chondromyxoid stroma.

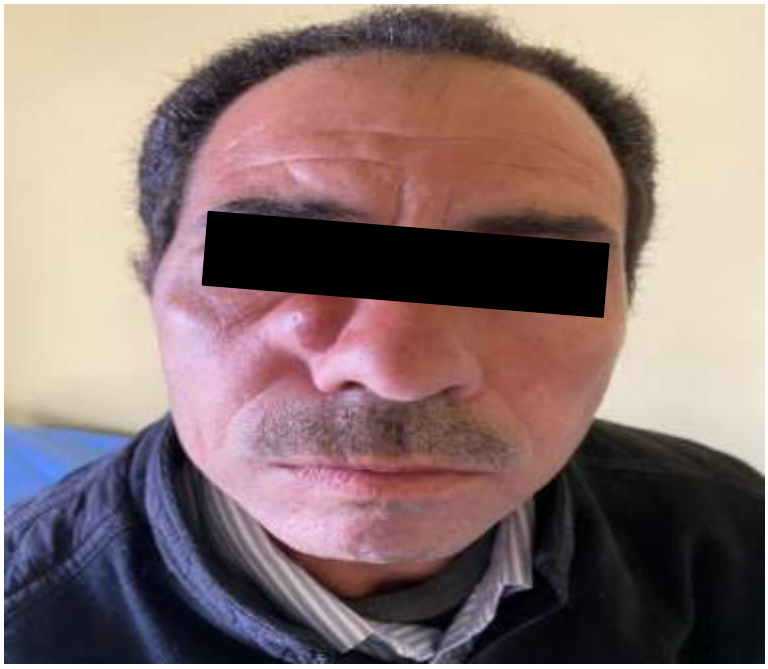

Figure2a:-Anerythematousnoduleontherightnasalwing.

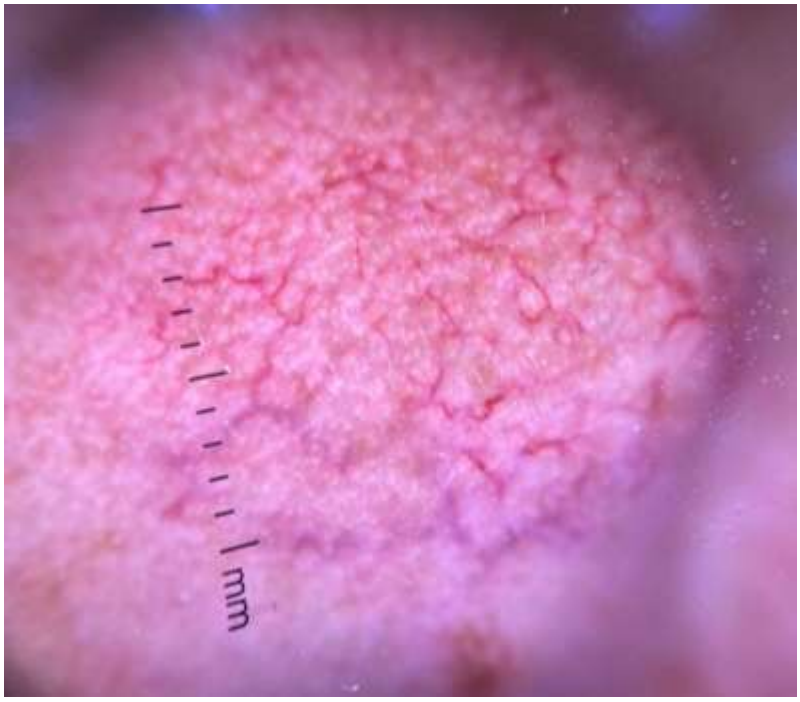

Figure2b: Dermoscopyshowedthepresenceoftelangiectasia,arborescent vesselswithan erythematousbackground

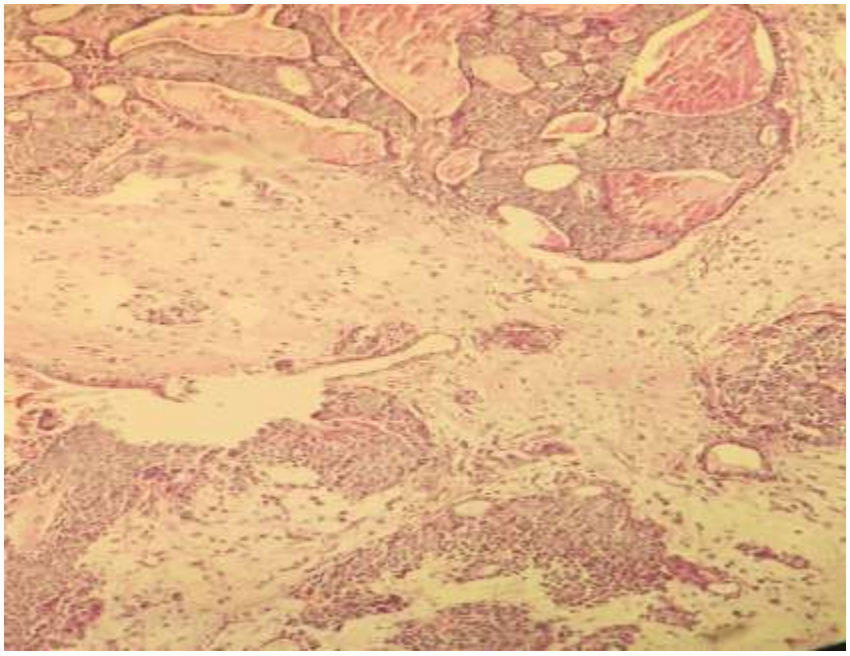

Figure2c:-Microscopyfoundawell-limitedtumourproliferation,consistingofanepithelialcontingent represented by cubic or cylindrical cells forming tubes, a myoepithelial contingent arranged in a sheet and a myxoid and cartilaginous contingent.

Discussion:-

Chondroid syringoma was first described in 1859 by Billroth, and initially named "cutaneous mixed tumour", by analogy with mixed tumoursofthe salivaryglands[3]. It isa rare tumour, usually benign, witha good prognosisand anindolent but oftenunrecognised course. Theaverageage is 50, withmales predominating. It usuallyoccurs inthe

cervico-facial region and presents as a painless, firm, non-adherent dermal and/or hypodermal nodule that develops slowly[4].

Dermoscopic examination is an aid in the diagnosis of various skin tumours. The dermoscopic aspectsofchondroid syringoma are rarely reported in the literature and include white areas without structure, pseudocysts andarborescent vessels[5].The predominant dermoscopic features in index cases were white areas structureless , and arborescent vessels.

Due to the lack of certainty in the clinical diagnosis, histopathological examination becomes mandatory for the diagnosis of chondroid syringoma and the histological appearance is suggestive (double syringomatous and mesenchymatous component) but in case of doubt, an immuno-histochemical study may facilitate the diagnosis.

The most commonclinical differential diagnoses are a sebaceous adenoma, an adnexal tumour ofthe hydrocystoma type or a tumour of the pilar infundibulum.

Treatment of choice for benign CS is surgical excision with a surrounding cuff of normal tissue without affecting functional and esthetic and structures [6]. A frequent and regular follow-up of the patient is required to evaluate forrecurrence locally on the same site or any characteristics of malignancy.

Conclusions:

Inconclusion, wereportthroughthese02observationsthedermoscopicaspectsfoundinourpatients.

We hopethatalarger seriesofcaseswillbeabletodelineatethecharacteristicdermoscopicfeaturesinthefuture.

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