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"chondroid Syringoma - unveiling the rare tumour entity".

Dr. Obulapu Pradeep kumar Reddy, Dr. Vineeth Vishwanath, Dr. Ponniah Iyyappan, Dr. Saravanan.S

Post graduate 3rd year.
M.S General Surgery.
M.S General Surgery
M.S General Surgery, DNB (Gen.Surg), MRCS, FRCS, Dip MAS, FACS.
All authors are affiliated with Sri Ramachandra Institute of Higher Education andResearch, Chennai, India.

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I. INTRODUCTION

Syringomas are benign eccrine sweat duct tumours typically presenting as small, skin-coloured or slightly yellowish papules in the periorbital region. Chondroid syringoma is a scarce variant of syringoma, with only a few cases reported in the medical literature. This case report describes a unique case of chondroid syringoma, detailing its clinical and histopathological features, and aims to enhance 6 understanding and recognition of this distinct cutaneous entity.

II. CASE REPORT

A 46-year-old female presented with swelling on her forehead for one year, gradually increasing in size and not associated with pain. Physical examination revealed 2X1X2 cm swelling over the forehead, which is soft in consistency and mobile. No skin changes are observed. The patient underwent an excision of the swelling using a cosmetic incision. Intraoperative findings are 2X2X1 cystic swelling with clear fluid. Cyst was sent for histopathological examination.

Histopathological Examination:

Histopathological examination of the biopsy specimen revealed a 2X1X0.5 cm well-circumscribed cyst with papillary projections into the cyst. Microscopically the cyst wall is lined by cuboidal epithelium with foci of neoplastic tissue comprising benign epithelium showing follicular differentiation with keratinization, squamous metaplasia, and basal nuclei. There is no evidence of malignancy. The above-observed findings confirm the diagnosis of chondroid syringoma.

III. DISCUSSION

Chondroid syringoma is the rarest tumour of sweat glands. It was first described by Billroth in 1859 as a mixed salivary gland tumour[1], and then it was classified as Chondroid Syringoma by Hirsch and Helwig in 1961. It comprises epithelial (sweat gland elements) and mesenchymal components (cartilaginous stroma). These mixed tumours are monoclonal neoplasms which can differentiate into epithelium and mesenchyme. This is the main reason for histological variability. Chondroid syringoma is a rare tumour with very little literature, which can lead us to misdiagnosis. The most common misdiagnoses are salivary gland pleomorphic adenoma, neurofibroma, dermoid cysts, sebaceous cysts, dermatofibroma, lipoma, pilomatrixoma, histiocytoma, seborrheic keratosis, or basal cell carcinoma. Among 29 these salivary gland pleomorphic adenoma is the most common one. Chondroid syringoma incidence is 0.01% - 0.1% of all skin lesions[2]. The aetiology is unknown. These tumours are small (0.5 - 3 cm), painless, well-circumscribed lesions most commonly seen over head and neck regions[2,3]. Middle-aged women are more affected than men. Chondroid syringomas are benign tumours with malignant potential[3]. Increase in size (>3 cm), increased cellularity, haemorrhagic background, and discohesive pleomorphic epithelial cells in ill-forming cords, Atypia, necrosis, abundant mitosis or myxoid matrix, infiltrative margins, and poorly differentiated chondroid components may all suggest malignant potential. The malignant form is more predominant in females and on extremities. Diagnosis ismade through FNAC[3], biopsy, and MRI can help determine the large lesion's depth 40 and extent. Histologically it is a well-circumscribed, multilobulated cystic mass with papillary projections (fibrous septae). It is situated in the deep dermis or subcutaneous plane. Two layers of cuboidal epithelial cells cover the cyst with eosinophilic cytoplasm[1]. Cells show foci of a biphasic pattern of neoplastic tissue44 comprising benign epithelium showing follicular differentiation, squamous metaplasia and basal nuclei. All cells are separated by hyaline (mucoid) or

chondroid stroma. The primary treatment strategy is excision[4]. Other modalities are carbon dioxide laser and electro dessication with a higher recurrence rate. While excision, we should include a normal tissue margin and remove the complete tumour; otherwise, there will be a high chance of recurrence.

IV. CONCLUSION

Chondroid syringoma is a rare variant of syringoma which arisesfrom sweat gland structures in the skin. This case report highlights chondroid syringoma's distinct clinical and histopathological features and emphasizes the importance of accurate diagnosis. Increased awareness among clinicians and dermatologists regarding this uncommon variant will aid in its recognition, appropriate management, and avoidance of unnecessary interventions.

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FIGURE LEGENDS

Figure -1 : Showing picture of the patient with swelling.

Figure-2: Gross specimen of the swelling.

Figure-3: Microscopic section of the specimen showing cyst wall (A) , lesion(B).

Figure-4: Microscopic section showing acellular basophilic cytoplasm.