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CASE REPORT

Seven Unique Cases of Chondroid Syringomas Reported in KVG Medical College and Hospital

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ABSTRACT

Chondroid syringoma is a rare, benign, skin appendageal tumor. Because of the unremarkable clinical presentation of this rare tumor, the diagnosis is made on microscopic examination. The usual presentation is of an asymptomatic, slowly growing mass, typically located in the head and neck region.

We present seven cases of chondroid syringomas located over the head and neck region of seven patients in the age group between 32 and 56 years.

In the evaluation of a small cutaneous nodule in the head and neck region, chondroid syringoma should also be considered in the differential diagnosis. For such a lesion, excisional biopsy without destroying the esthetic and functional structures is the preferred diagnostic as well as therapeutic approach.

Keywords: Chondroid syringoma, Excisional biopsy.

INTRODUCTION

Chondroid syringoma is a rare, benign, skin appendageal tumor.[1] Because of the unremarkable clinical presentation of this rare tumor, the diagnosis is often made after microscopic examination.[2]

We report seven cases of chondroid syringomas on the forehead and face region (head and neck region).

MATERIALS AND METHODS

Seven patients presented to the ENT OPD with a progressively increasing swelling on the region of the forehead and other regions in the head and neck. The duration of symptoms ranged from 6 to 18 months. In our study there were one female and six males (Fig. 1). The age group ranged from 32 to 56 years.

The average age among the study group was 44.42 years. The average duration of appearance of tumor was 11.85 months (Table 1).

Physical examination showed a firm, painless, mobile nodule, covered by normal skin. The average size of the nodule ranged from 3 × 3 mm to 9 × 9 mm in dimension (Table 1). The nodules were excised and sent for histopathology. Gross examination showed a well-circumscribed, whitish firm tumor, surrounded with capsule-like tissue.

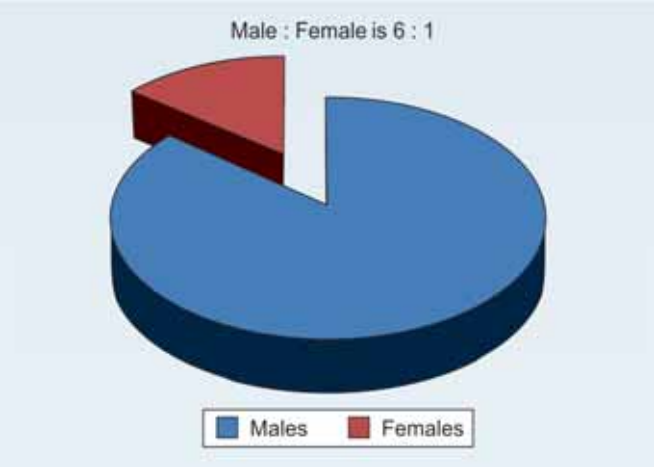


Fig. 1: Higher incidence seen in males in our study

Histological examination revealed abundant chondroid stroma with fibrous areas containing epithelial and

Table 1: Master chart

Sr no.	*Age*	*Sex*	*Duration of the tumor (months)*	*Site of the tumor*
1	32	M	10	Left forehead region 4 × 4 mm
2	44	M	12	Philtrum region 3 × 3 mm
3	46	M	6	Left forehead region 4 × 4 mm
4	51	F	18	Left side of dorsum of nose 5 × 5 mm
5	45	M	8	Right forehead region 9 × 9 mm
6	56	M	15	Lateral canthus of left eye 6 × 6 mm
7	37	M	14	Right forehead region 4 × 4 mm

myoepithelial cells, arranged as small aggregates and ducts. The epithelial cells were cuboidal with an eosinophilic cytoplasm and regular oval nuclei (Figs 2 to 5).

Based on histopathological findings, a diagnosis of chondroid syringoma was made (Figs 6A to C). The patients were doing well and there was no recurrence at follow-up.

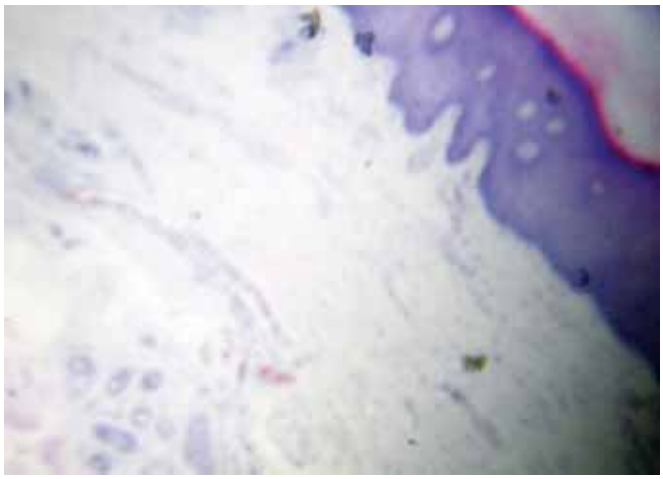
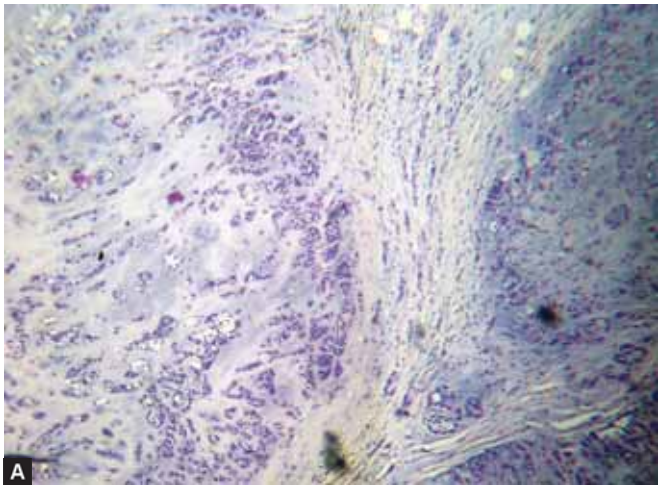
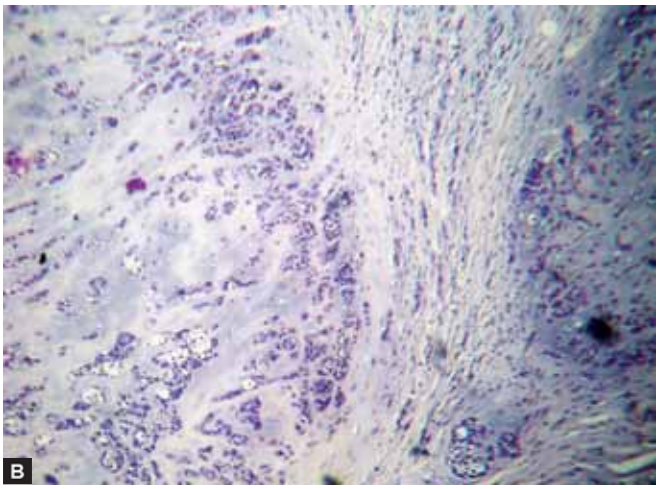


Fig. 2: Chondroid and fibrous stroma in lower magnification





Figs 3A and B: Chondroid and fibrous stroma in higher magnification

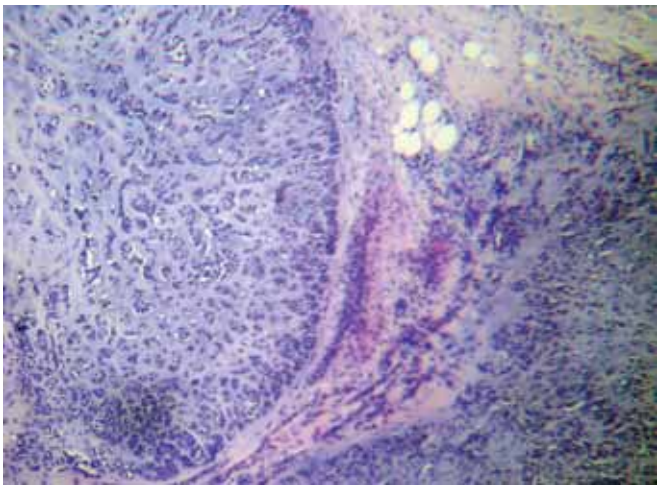


Fig. 4: Epithelial and myoepithelial cells, arranged as small aggregates and ducts

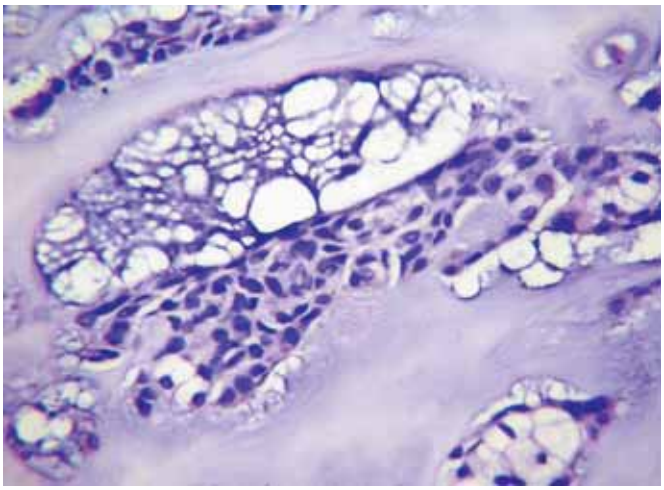


Fig. 5: The epithelial cuboidal cells with an eosinophilic cytoplasm and regular oval nuclei

DISCUSSION

Chondroid syringoma is rare among primary skin tumors; the reported incidence is < 0.098%.[2] The tumor usually affects middle-aged or older male patients.[2,3] The site of predilection for the tumor is the head and neck region; less commonly, these tumors can involve the hand, foot, axillary region, abdomen, penis, vulva and scrotum.[2,4-9] Typical clinical presentation of these tumors is a slow-growing, painless, firm, nonulcerated cutaneous or intracutaneous nodule (0.5-3 cm in size).[2-4]

Histologically, chondroid syringoma contains an admixture of epithelial-myoepithelial structures within a chondromyxoid and fibrous stroma arranged in cords and forming tubules.[2,11] Differentiation toward various skin adnexal structures (including hair matrix, hair follicle, apocrine and sebaceous glands) is rare.[12,13] The tumor may be confused clinically with various skin lesions, including benign tumors of epidermal or mesenchymatous appendages, such as dermoid or sebaceous cyst and

Figs 6A to C: Lesion arising from the left lateral side of nose

neurofibroma.[2] Various treatment options have been proposed for the tumor, including electrodessication, dermabrasion and vaporization with argon or CO_2 laser.

Because of the risk of malignancy, the first-line treatment is total excision of the tumor without destroying the esthetic and functional structures. This should be followed by regular follow-up to look for local recurrence and any feature of malignancy.[14]

The recurrent lesion can be treated by surgical reexcision.[15] Malignant chondroid syringoma is one of the rarest subtypes and appears to behave in an aggressive manner.[16,17]

Malignancy in this tumor is rare, with reported cases occurring in young female patients in the extremities.[16,18] Tumors greater than 3 cm in size have a greater likelihood of malignancy.[16,19]

Histological features that suggest malignant transformation in a chondroid syringoma include cytological atypia, satellite tumor nodules, infiltrative margins, tumor necrosis and involvement of deep structures.[11,20]

For malignant lesions, the initial treatment modality is aggressive surgery. Adjuvant radiotherapy, with or without chemotherapy, may be recommended.[16,17]

CONCLUSION

In the evaluation of a middle-aged patient usually male with a small cutaneous nodule in the head and neck region, chondroid syringoma should be considered in the differential diagnosis. For such a lesion, excisional biopsy without destroying esthetic and functional structures is the preferred diagnostic as well as therapeutic approach.

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