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A Case Report of Chondroid Syringoma - A Rare Adnexal Tumor at Rare Site.

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ABSTRACT

Chondroid syringoma is skin adnexal tumor. It is a rare tumor, which can be benign as well as malignant. It is composed of epithelial and stromal components; therefore, known as mixed tumor. Clinically it presents as painless subcutaneous nodule, usually in head and neck region. Histopathology is the only mode of diagnosis. But it can't reliably differentiate benign or malignant tumor. So regular follow up after excision is needed. We present a case of young female with swelling left little finger, which was clinically diagnosed as neuroma, but histopathology suggested the diagnosis of chondroid syringoma. This case is being presented for its rarity and rare location.

Keywords: Mixed tumor, adnexal, chondroid.

INTRODUCTION

Chondroid syringoma is a skin adnexal tumor which can be benign as well as malignant. It is also known as mixed tumor, as it is composed of both epithelial and stromal elements in varying proportion.[1] Histologically, these tumors are quite similar to pleomorphic adenoma of salivary gland.[2] Chondroid syringoma is very rare with overall incidence of 0.01%.[3] These tumors are usually solitary and seen most commonly in age >35 years. They are more common in males with male: female ratio=2:1--5:1. The usual site is head and neck region, but they can be seen elsewehere also.[1] Chondroid syringoma is usually benign, but there are seen cases showing malignant behaviour as local recurrence as well as metastasis.[4] We present a case of young female with swelling left little finger. Clinically, it was diagnosed as neuroma, but histopathology favoured the diagnosis of chondroid syringoma.

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CASE REPORT

25 years old female presented in surgery OPD at Rajindra Hospital, Patiala with history of gradually increasing swelling on left little finger since 5 years. Now complained of pain since 10 days. It was clinically diagnosed as neuroma and was excised. The specimen was received in our pathology department at Govt. Medical College, Patiala. On gross examination, specimen was skin covered measuring 1x 1 cm. On microscopic examination, there was seen a well circumscribed mass centered in deep dermis [Figure 1]. It contained prominent chondromyxoid stroma enclosing benign epithelial and myoepithelial cells forming secondary structures in the form of tubuloalveolar structures, cysts and nests [Figure 2]. The cells were benign looking with focal plasmacytoid appearance [Figure 3]. At places, comet tail appearance of ducts is seen [Figure 4]. Histopathological features were those of chondroid syringoma.

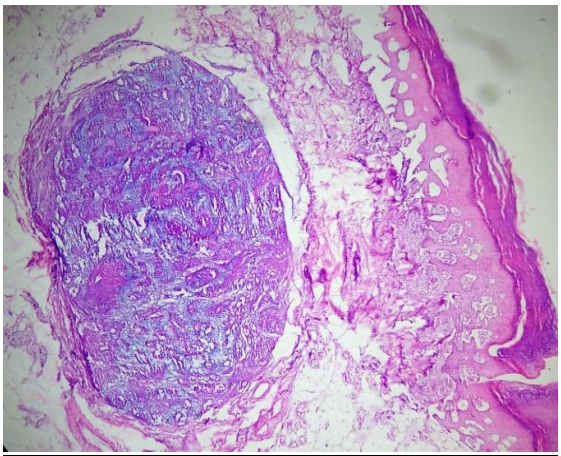

Figure-1: Photomicrograph showing well circumscribed nodule in dermis (40x)

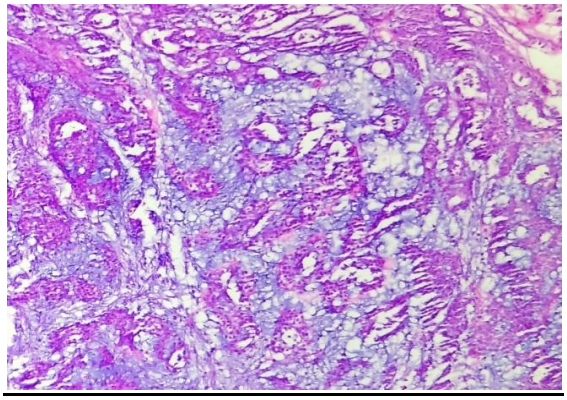

Figure 2: Photomicrograph showing epithelial [tubuloalveolar structures (black arrow), nests (white arrow)] and chondromyxoid elements (100x).

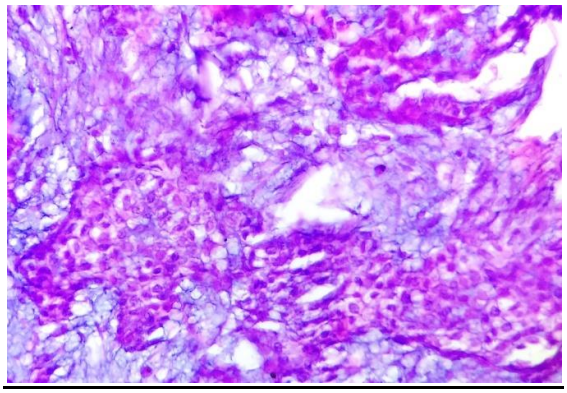

Figure 3: Photomicrograph showing epithelial cells with clear cytoplasm and plasmacytoid appearance (400x).

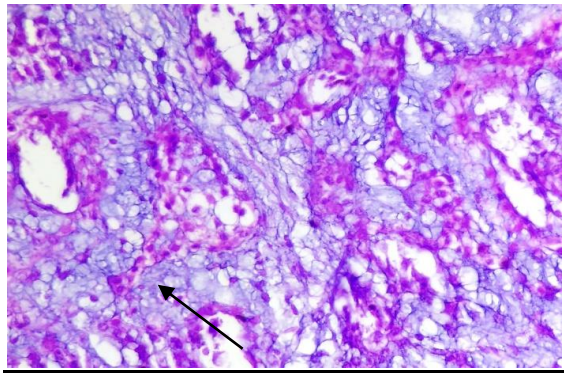

Figure 4: Photomicrograph showing nest of epithelial cells with comet-tail appearance (400x).

DISCUSSION

Chondroid syringoma is an adnexal tumor, which can be benign or malignant. Hirsch and Helwig coined the term-chondroid syringoma, because of presence of sweat gland elements in cartilaginous stroma. They gave five histopathological criteria for diagnosis: 1. Nests of cuboidal or polygonal cells; 2.Intercommunicating tubule-alveolar structures lined by two or more rows of cuboidal cells; 3.ductal structures composed of one or two rows of cuboidal cells; 4.Occasional keratinous cysts; 5. A matrix of varying composition. Chondoid syringoma may have all 5 features or only some.[5] In our case, 4 out of 5 criterias were present. The exact etiopathogenesis is unknown, but there is hypothesis about its both epithelial and mesenchymal origin.[6] Some suggest its origin from both secretory and ductal components of sweat glands.[7] Chondroid syringoma is usually seen in middle aged male patients.[8,1] In our case, it occurred in 25 years old female. Clinically, Chondroid syringoma usually presents as slow growing, painless, subcutaneous nodule. The usual site is head and neck region, particularly cheek, nose, or skin above the lip.[9] It can also occur on scalp, eyelid, orbit, hand, foot, forehead, axillary region, abdomen, penis, vulva, and scrotum.[10,11] In our case, patient had slowly progressive painless swelling over left little finger, which is very rare site. Chondroid syringoma can be benign or malignant. In contrast to benign tumors, malignant tumors are more common on trunk and extremities. They are more common in older age group and females. They are large, rapidly growing tumors with ulceration and pain. Histopathology is not very reliable to distinguish benign from malignant. However,the presence of necrosis favours malignant. Abundant cartilaginous matrix and nuclear atypia also favours malignant.[4] The differential diagnosis of chondroid syringoma includes benign tumors of epidermal or mesenchymal appendages such as dermoid or sebaceous cyst, neurofibroma, dermatofibroma, basal cell carcinoma, pilomatricoma, histiocytoma, and seborrheic keratosis.[10] The lesions of chondroid syringoma usually are not clinically distinctive and the diagnosis is made on microscopic examination.[12] In our case, clinically it was diagnosed as neuroma, but histopathology was very much in favour of chondroid syringoma. The treatment of benign chondroid syringomas is complete surgical excision.[1] Because of rare possibility of malignancy, it is important to include a margin of normal tissue with the excision to ensure complete removal of the tumor.[4]

CONCLUSION

Chondroid syringoma is a rare skin adnexal tumor. It is usually seen in head and neck region. This tumor can be benign as well as malignant. Histopathology is the only mode of diagnosis. But still, it is not very reliable to distinguish benign and malignant. Excision is the treatment of choice with regular follow up in view of local recurrence or metastasis.

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