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Adult Onset Eruptive Syringoma

Erişkin Başlangıçlı Erüptif Siringom

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SUMMARY

Syringomas are common, benign eccrine sweat gland tumors, more frequently seen in women. Clinically, they appear as asymptomatic small firm papules skin colored to yellowish dermal papules often scattered in the periorbital area. Eruptive syringoma is a rare variant, which has been described to occur in successive crops on the anterior body surface, usually in young persons. A 38-year-old, healthy, white male presented with a 6-year history of papular eruptions. The lesions began as a few tan-colored papules on the abdomen and spread to all of the trunk and recently became mildly pruritic. Physical examination revealed multiple reddish brown-colored, flat-topped papules 1-3 mm in diameter on the anterior chest, abdomen and axillae. Also a few similar lesions were seen in the periorbital region. The biopsy specimen demonstrated a normal epidermis overlying a dermis that was filled with many small ducts of cuboidal cells with eosinophilic cytoplasm, along with cords of epithelial cells embedded in a fibrous stroma creating a 'tadpole' appearance. The lesions were diagnosed as eruptive syringoma with clinical and histopathological findings. While the localized form in the periorbital area can be clinically diagnosed, the eruptive form may not be easily considered in the differential diagnosis at the first visit. This rare entity should also be considered in the differential diagnosis of eruptive papular dermatosis.

Key words: *Ecrine sweat gland tumor; eruptive syringom; papular dermatosis; syringoma.*

ÖZET

Siringomlar kadınlarda daha sık görülen yaygın, selim ekrin ter bezi tümörleridir. Klinik olarak genellikle periorbital bölgede dağılım gösteren küçük, deri renginden sarımsı renge varan, sıkı kıvamlı asemptomatik papüller olarak belirirler. Erüptif siringom, genellikle gençlerde görülen, gövde ön yüzde çok sayıda ardışık lezyonlardan oluşan nadir bir varyantıdır. Otuz sekiz yaşında sağlıklı, beyaz erkek hasta, 6 yıldır devam eden papüler erüpsiyonlar nedeniyle başvurdu. Lezyonlar karında birkaç adet bronz renkli papüller olarak başlamış ve tüm gövdeye yayılarak, son zamanlarda hafifçe kaşıntılı bir hal almıştı. Fizik muayenesinde, göğüs, karın ve aksillada çok sayıda kızıl kahverengi, düz yüzeyli 1-3 mm çaplarında papüller vardı. Benzer birkaç adet lezyon periorbital bölgesinde de bulunmakta idi. Yapılan biyopside, fibröz stromaya gömülmüş eozinofilik sitoplazmalı küboidal hücrelerden oluşan çok sayıda küçük duktuslar ve 'iribaş' görüntüsü oluşturan epitelyal hücre kordonları ile dolmuş bir dermisin üzerinde normal epidermis saptandı. Bu klinik ve histopatolojik bulgular doğrultusunda lezyonlar erüptif siringom olarak değerlendirildi. Periorbital bölgede yerleşim gösteren siringomlar klinik olarak tanınabilirken, erüptif formu ilk değerlendirmede ayırıcı tanılar arasında kolaylıkla düşünülememektedir. Bu nadir antite de erüptif papüler dermatozların ayırıcı tanısında düşünülmelidir.

Anahtar sözcükler: Ekrin ter bezi tümörü; erüptif siringom; papüler dermatoz; siringom.

INTRODUCTION

Syringomas are common, benign eccrine sweat gland tumors, more frequently seen in women. Clinically, they appear as asymptomatic small firm papules skin colored to yellowish dermal papules often scattered in the periorbital area.[1,2] Eruptive syringoma is a rare variant, which has been described to occur in successive crops on the anterior body surface,

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usually in young persons.[3] We present a 38-year-old man with a 6-year history of eruption, which should be considered in the differential diagnosis of eruptive papular dermatosis.

CASE REPORT

A 38-year-old, healthy, white male presented with a 6-year history of papular eruptions. The lesions began as a few tan-colored papules on the abdomen and spread to all the trunk and recently became mildly pruritic. Since they first appeared, they had never been disappeared for 6 years. Antifungals and topical steroids had been used but the lesions did not show improvement. He had no any medical problem, was not on any medication or over-the-counter preperations, no family member had ever had a similar skin condition. Physical examination revealed multiple reddish brown-colored, flat-topped papules 1-3 mm in diameter on the anterior chest, abdomen and axillae. Also a few similar lesions were seen in the periorbital region (Fig. 1). The lesions were monomorphic, bilaterally distributed. General skin examination revealed no other significant skin lesions and systemic examination was unremarkable. Routine blood laboratory investigations were normal.

A skin biopsy was obtained with the prediagnosis of lichen planus and eruptive syringoma. The biopsy specimen demostrated a normal epidermis overlying a dermis that was filled with many small ducts of cuboidal cells with eosinophilic cytoplasm, along with cords of epithelial cells embedded in a fibrous stroma creating a 'tadpole' appearence (Fig. 2). The ducts were lined by two rows of cuboidal epithelium and some contained amorphous debris in their lumina (Fig. 2c).

The lesions were diagnosed as eruptive syringoma with clinical and histopathological findings. He was treated with isotretinoin 40 mg/day (po) for 4 months but the lesions did not show marked improvement.

DISCUSSION

Syringoma had been classified into four principal clinical variants according to its clinical features and associations; a localized form, a familial form, a form associated with Down syndrome, and a generalized form.[4] The most common, localized form presents with skin colored to yellow firm papules usually scattered in the periorbital region. Eruptive form is an infrequent variant, which clinically appears as multiple skin colored or slightly pigmented papules in large numbers and in successive crops on the anterior parts of the neck, chest, abdomen, axillae periumbilical region and proximal extremities. It usually starts before or during puberty.[1-3] But it has also been reported to appear after puberty as it was in our patient. The clinic, histologic and the immunohistochemical

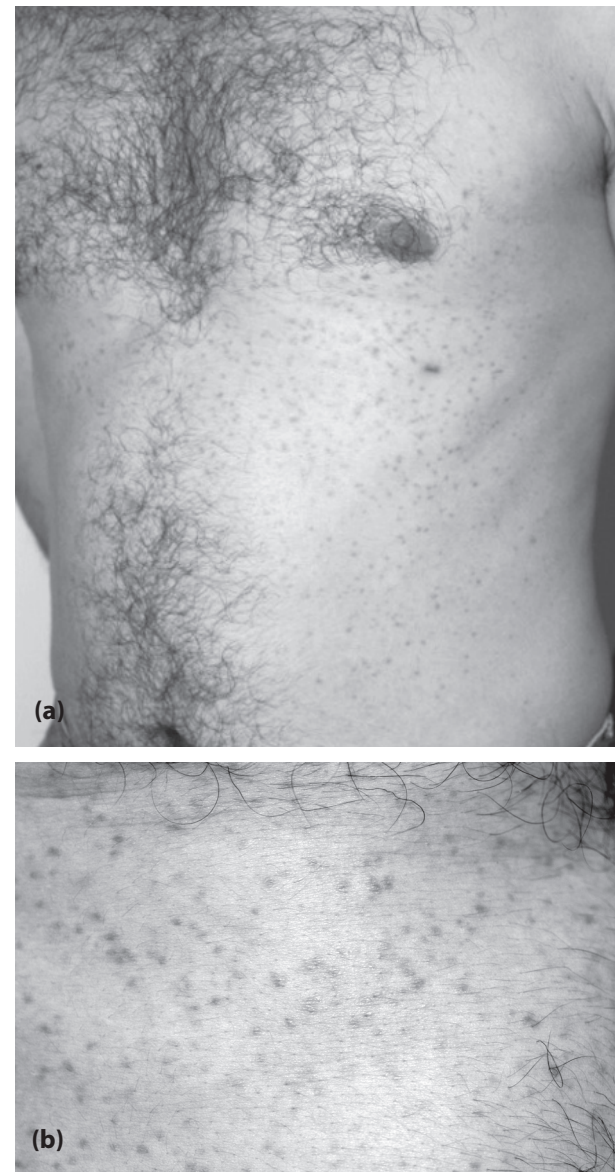

Fig. 1. **(a, b)** Multiple reddish-brown colored flat-topped papules on the anterior chest, abdomen and axillae.

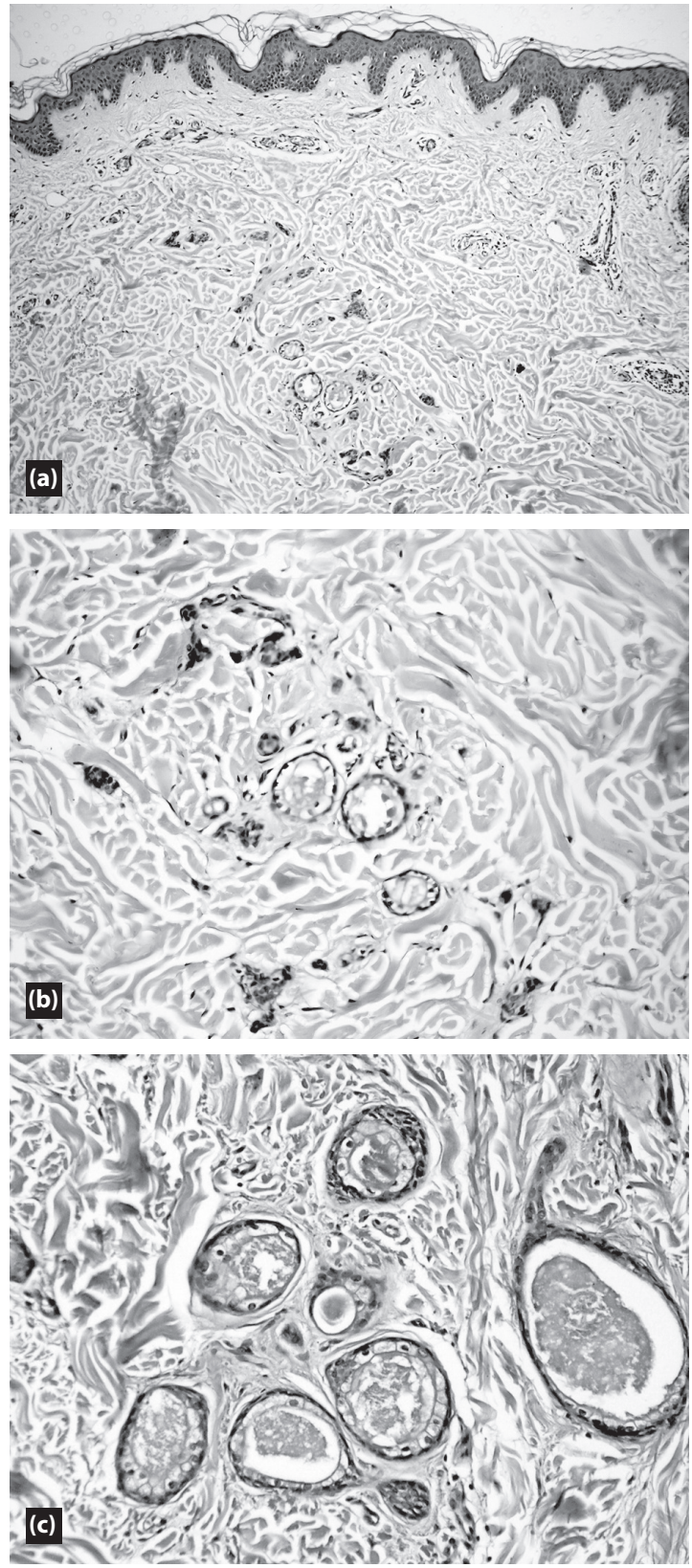

Fig. 2. **(a-c)** Cystic ducts and epithelial cords with comma like tails surrounded by collagen bundles. The lumina of the ducts contained amorphous debris.

properties of eruptive form is the same as classical syringoma; but the eruptive form may not be easily considered in the differential diagnosis at the first visit, while the localized form in the periorbital area can be clinically diagnosed.[4,5]

Eruptive syringoma treatment is done for cosmetic purposes, and the options are generally unsatisfactory. Physical techniques such as excision, cryosurgery, electrodesiccation may be frustrating with the risk of scarring. However, none of the treatment modalities eliminates the risk of recurrence; CO_2 laser, oral and topical retinoids and adapalene had been reported to be treatment,[3,6-8] but isotretinoin was not successful in our case.

CONCLUSION

The clinic, histologic and the immunohistochemical properties of eruptive form is the same as classical syringoma; but the eruptive form may not be easily considered in the differential diagnosis at the first visit, while the localized form in the periorbital area can be clinically diagnosed. It should also be considered in the differential diagnosis of an adult onset eruptive papular dermatosis.

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