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What is your diagnosis?

Tanınız nedir?

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History

An 80-year-old woman presented to our clinic with a slowly enlarging mass on the left upper lip, which had been present for the past three years (Figure 1a, b). Her medical history was unremarkable.

Painless nodule on the upper lip

On clinical examination, a skin-colored, 1x1 cm, partially mobile nodule with a moderately firm consistency and well-defined regular borders was identified on the left upper lip. No lymphadenopathy was identified on the neck examination. A dermatology consultation suggested that the lesion could represent nodular basal cell carcinoma (BCC).

Under local anesthesia, the mass was excised 'en bloc' with a safety margin, and the resulting defect was repaired with an advancement flap prepared from the left cheek area, resulting in an aesthetically acceptable appearance. The patient was followed up with dressings and recovered uneventfully (Fig.1c, d). No recurrence was observed at the 5-month follow-up.

Diagnosis

Chondroid syringoma (CS) (cutaneous mixed tumor) of the upper lip.

Microscopic findings

The biopsy specimens were evaluated using histochemical and immunohistochemical methods. They revealed partial staining of myoepithelial cells with p63, p40, and calponin in the sections, without any atypia, mitosis, necrosis, or invasion. Nodular development in the dermis with well-defined chondromyxoid stroma forming cords, nests, and ductal structures, occasionally showing apocrine and eccrine differentiation, was interpreted as CS (cutaneous mixed tumor) (Figure 1e, f, and g).

Discussion

CSs, originating from sweat glands or pilosebaceous units, were first described by Billroth in 1859 as a mixed tumor of the skin. In 1961, Hirsch and Helwig named this entity CS based on its histopathological features[1,2].

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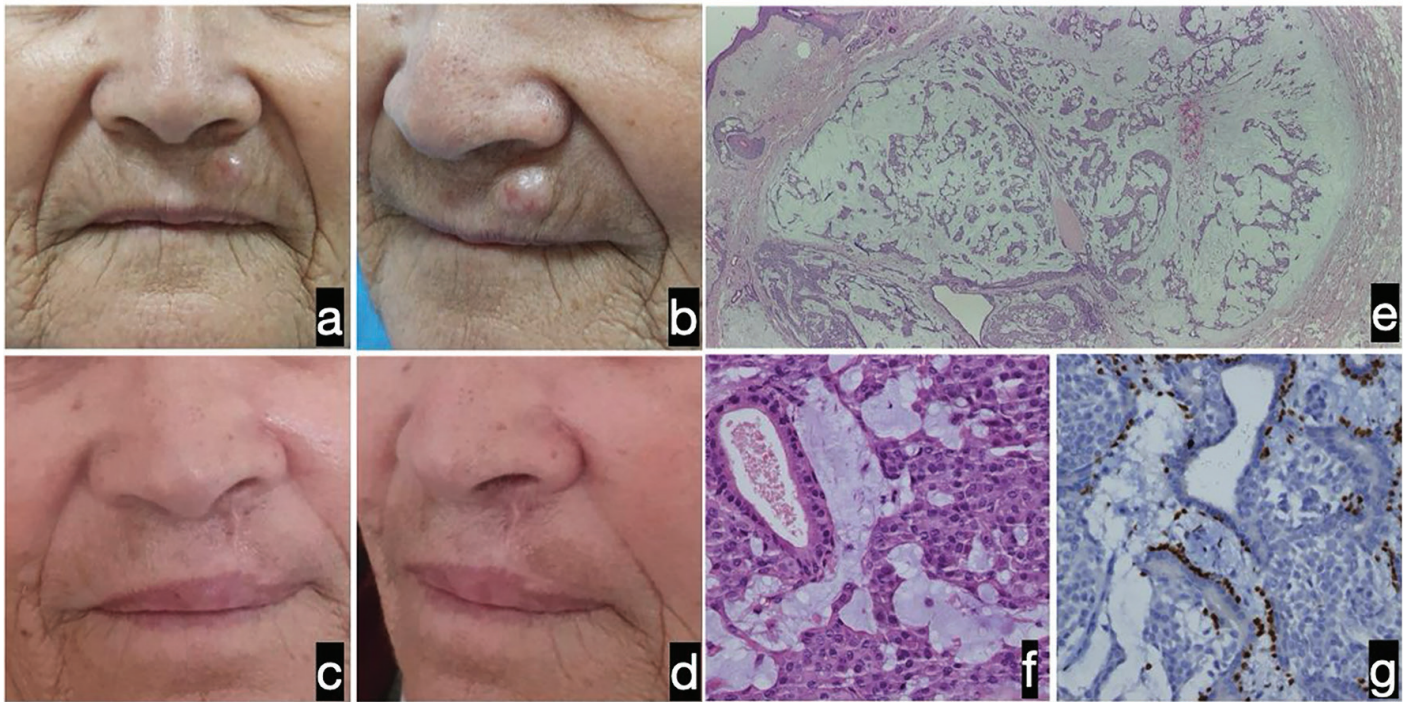

Figure 1. (a) Preoperative frontal view of the patient. **(b)** Preoperative oblique view of the patient. **(c)** Postoperative frontal view of the patient. **(d)** Postoperative oblique view of the patient. **(e)** Well-circumscribed chondroid syringoma in the dermis (panoramic view) (Hematoxylin and eosin stain x2). **(f)** Ductal and solid structures within the chondromyxoid stroma. (Hematoxylin and eosin stain x20). **(g)** p 63-positivity in the myoepithelial layer (p63x20)

They are rare, benign tumors frequently located in the head and neck region. CS are benign lesions that are clinically smaller than 3 cm, have well-defined borders, grow slowly, are painless, appear as subcutaneous or intracutaneous single nodules, and cause aesthetic distress to patients. They are treated with complete excision[3]. Malignant forms that lead to local invasion and distant metastases are clinically larger than 3 cm in size. They can occur de novo or after incomplete excision and are more common in women[3].

CS is most commonly seen in the nose area, followed by the cheeks and upper lip area, but can also be seen in other parts of the body. The incidence of CS among primary skin tumors varies between 0.01% and 0.098%. Reddy PB et al.[4] stated that, as a result of the literature review, 34 cases were reported in the upper lip region from 1959 to 2017. In our surveys until 2025, two more cases have been reported, except for the case we presented here.

They are often observed in middle-aged and elderly men. The incidence of this condition in men is 1.3-1.5 times higher than that in women[1,5].

In the differential diagnosis, epidermal cysts, compound nevi, neurofibromas, dermatofibromas, histiocytomas, pilomatrixomas, and BCC should be considered[3].

There are five histological criteria for the diagnosis of CS, including the observation of nests formed by cuboidal and polygonal cells, the covering of interconnected tubuloalveolar structures with two or more rows of cuboidal cells, the formation of ductal structures with one or two rows of cuboidal cells, the occasional observation of keratinous cysts, and the observation of a matrix with variable composition[2].

Histologically, they are tumors with well-defined borders within the chondroid stroma and can be classified into eccrine and apocrine types. In some cases, such as in this case, both eccrine and apocrine differentiation can be observed[1,2,6].

In conclusion, CS are benign tumors with a good prognosis. Treatment consists of complete removal of the tumor while preserving the aesthetic and functional units. Patients should be monitored for local recurrence and malignancies. In cases of recurrence, wide excision or Mohs surgery is recommended[5].

Ethics

Informed Consent: The authors obtained informed consent from all participants for publication of information.

Conflict of Interest: No conflict of interest was declared by the authors.

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Footnotes

Authorship Contributions

Surgical and Medical Practices: S.S.E., F.O.D., J.G.S., R.F.E., Concept: F.O.D., Design: F.O.D., Data Collection or Processing: F.O.D., J.G.S., R.F.E., G.G., M.Ö.G., Analysis or Interpretation: F.O.D., J.G.S., R.F.E., G.G., M.Ö.G., Literature Search: S.S.E., F.O.D., J.G.S., Writing: S.S.E., F.O.D., J.G.S.

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