Benign chondroid syringoma - A rare disfiguring tumour of the nose

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Introduction

The nose is the most prominent facial structure, and it defines the facial profile of an individual. Any deformity of the nose is very evidently visible and difficult to disguise. Tumors over the nose are likely to cause disfigurement and such patients are likely to present at the earliest to the clinic for treatment. Tumors, although benign, have to be excised for cosmetic reasons. For the same reason, incisions and closure of the wound should also be as aesthetic as possible.

Case Report

A 34-year-old female patient presented to the hospital with a swelling over the tip of the nose for the past one year (Fig. 1). It was painless and slowly grew to the present size. No other positive history noted. On examination, a 1.5cm x 1cm firm, mobile, painless mass was noted over the tip of the nose. The skin was pinchable separately from the underlying firm mass (Fig. 2 and 3). The differential diagnoses of chondroma, adnexal tumor and sebaceous cyst were kept in mind.

Pre-operative diagnosis with fine needle aspiration was not done as there was palpable firm calcification of the tumor, and aspiration could have been inconclusive. Radiological examination was also excluded as the swelling was fully palpable in its extent. After confirmation of a normal surgical profile, the tumor was excised completely. An incision was marked and given closer to the alar rim so that the upper flap could be sutured over the border so that the scar would not be apparent (Fig. 4). The tumor got separated easily from the skin flap, and a whitish, firm, globular peanut-sized tumor was delivered out (Fig. 5 and 6). The excess skin was excised and the incision was closed with fine prolene sutures (Fig. 7). The excised tumor was sent to the pathology department for histopathological examination (Fig. 8).

Histology was suggestive of a well-circumscribed proliferation of epithelial cells with foci of myxoid stroma. Numerous nests of polygonal cells and interconnecting tubuloalveolar structures lined by two layers of cuboidal epithelial cells were seen. The stroma consisted of cells in a bluish chondroid matrix, areas of fibrosis, and a lace-like pattern of interconnecting tubuloalveolar epithelial structure. Cellular pleomorphism or dysplasia was not apparent. The findings were suggestive of the diagnosis of chondroid syringoma (Fig. 9 – 13).

Suture removal was done on the 7th post-operative day. On the two week follow up, the incision had healed with a satisfactory scar. No recurrence of the lesion was noted. Since the histology was benign, no further treatment was suggested.

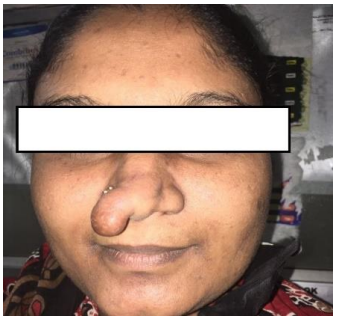
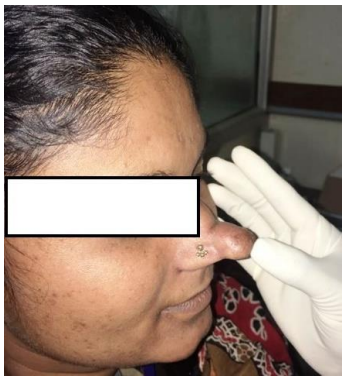


Fig. 1

Fig. 2



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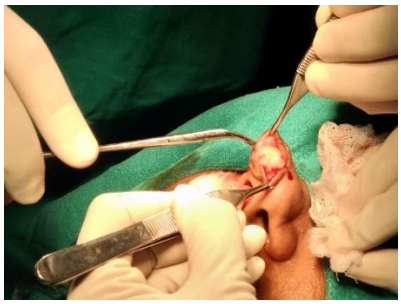

Fig. 4

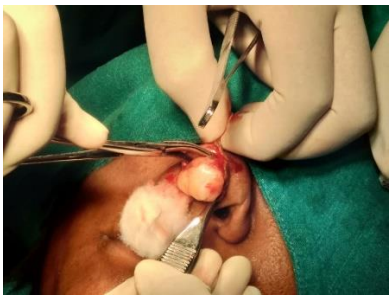

Fig. 5

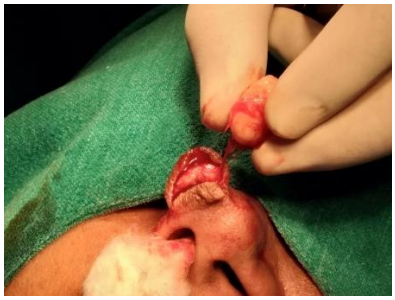

Fig. 6

Fig. 7

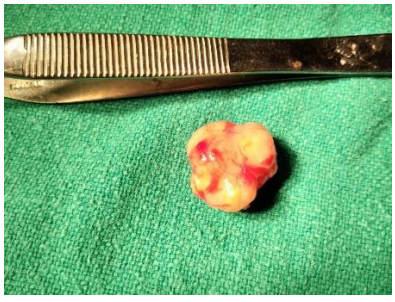

Fig. 8

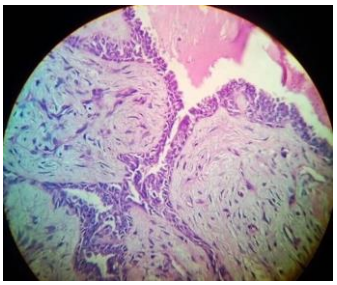

Fig. 9

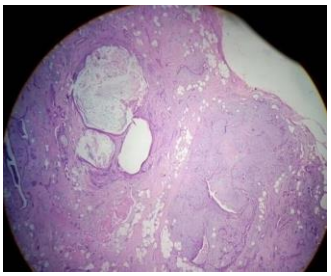

Fig. 10

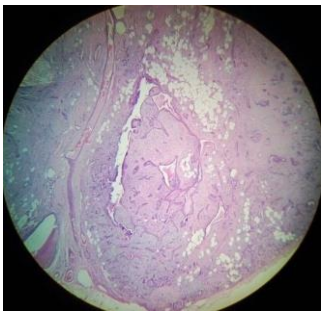

Fig. 11

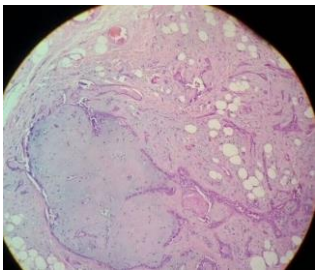

Fig. 12

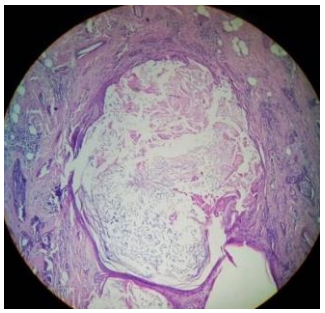

Fig. 13

Discussion

Chondroid syringoma is a benign tumor of sweat glands with a mucoid stroma showing cartilaginous metaplasia.[1] Prevalence ranges from 1 per 1,000 to 1 per 10,000 of all primary skin neoplasms.[2] Other names include mixed eccrine tumor, mixed tumor of skin and cutaneous mixed tumor.

Chondroid syringomas affect middle-aged men more than women.[3] Lesions are usually located on the head and neck, and are non-ulcerating, slow-growing, subcutaneous, or dermal nodules.[4]

Mostly these tumors are reported to be benign, but malignant forms have been reported.[5,6] They are typically slow growing and soft on palpation, but calcification or ossification may occur in the stroma giving a firm to hard consistency.

Histologically, the tumor is composed of both epithelial and mesenchymal components. Hirsch and Helwig introduced the term, *chondroid syringoma*, because of the presence of sweat gland elements set in a cartilaginous stroma.[7] Chondroid syringomas share similarities with pleomorphic adenomas, which are mixed tumors that arise from the salivary glands.[8] In contrast to pleomorphic adenomas, chondroid syringomas are thought to originate from sweat glands.

Fine needle aspiration cytology of the swelling is often used for diagnostic purposes, and may prove useful to determine the pathology before excision. However, aspiration may not be possible when calcification or ossification has occurred. Examination of excised tissue is most reliable in establishing a definitive diagnosis.[9]

Optimal treatment of benign chondroid syringomas is surgical excision. When excised, the tumors are usually firm, well-circumscribed whitish-yellow nodule-like masses. Because of the lobulated nature of the lesion, it is important to include a margin of normal tissue with the excision to ensure complete removal of the tumor. Otherwise, local recurrence may occur. Incomplete removal secondary to the lobulations and satellite lesions, is hypothesized to cause local recurrence.[10]

Conclusion

Chondroid syringoma is a rare and usually benign tumor occurring predominantly in the head and neck region. It should thus, be included in the clinical differential diagnosis of cutaneous head and neck tumors, especially in middle-aged population. Although men are more commonly affected by this lesion, gender is not an exclusion criterion in the diagnosis. The malignant variant of chondroid syringoma differs from its benign version in that it is more likely to occur on the extremities and is seen more frequently in women than in men.

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