

PhotoDermDiagnosis

Subcutaneous nodules over the abdomen in a young woman

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A 40-year-old female presented with erythematous, painless, subcutaneous nodules below the umbilicus for the last 6 months. (Figure 1). Initially, they were small but gradually they increased in size. Patient gave history of cesarean section 2 years back. Rest of the history and physical examination were not significant. Histopathological examination is shown in (Figure 2).



Figure 1

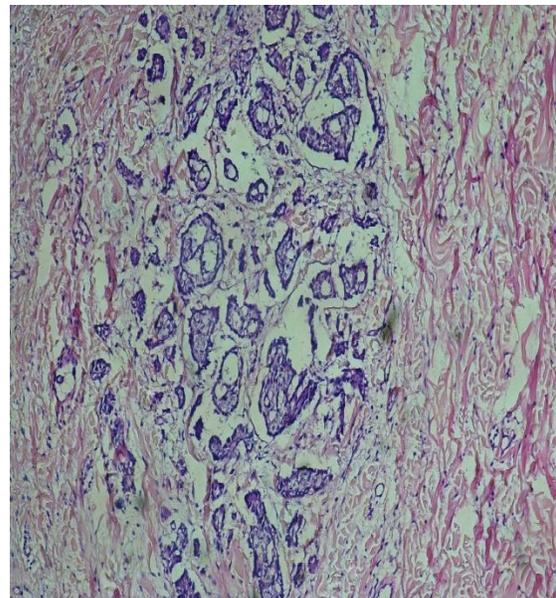


Figure 2

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Diagnosis

Chondroid syringoma

Histopathology showed a normal epidermis. Deep in the dermis, well-circumscribed proliferation of epithelial cells interspersed within foci of myxoid stroma was present. These foci of sweat glands were lined by inner layer of epithelial cells and the outer layer of myoepithelial cells. The myxoid stroma was homogenous and contained bluish chondroid like material. Ductal structures lined by a single layer of epithelial cells were also seen. Cellular pleomorphism or dysplasia was not apparent. These findings were consistent with the diagnosis of chondroid syringoma. Wide surgical excision was performed and no recurrence of the tumor occurred since six months after surgery. Patient is on regular follow-up.

Discussion

Chondroid syringoma name was given by Hirsch and Helwig,¹ due to the presence of sweat gland elements within a cartilaginous stroma. A chondroid syringoma is a rare mixed tumor of sweat glands. It exists in both benign and malignant forms.^{2,3} It affects middle aged men more than women.⁴ Lesions mostly located on the head and neck.⁵ Although they may also be found in the axilla, trunk, limbs and genitalia.⁵ The incidence of chondroid syringoma is <0.01% of all primary skin tumors.⁴ They usually present as slow growing, painless, solid, subcutaneous or intradermal nodules with a normal margin. Tumor size can vary from 2mm to >1cm.⁵ They are usually adherent to the skin and are not attached to the deep structures.⁶ Diagnosis is based on histopathology, which shows nests of cuboidal or polygonal cells or intercommunicating tubuloalveolar structures

lined with two or more rows of cuboidal cells, ductal structures composed of one or two rows of cuboidal cells. Occasional keratinous cysts and a matrix of varying composition can also be found.⁷

Pleomorphic adenomas come in the differential diagnosis of chondroid syringomas but in contrast to those syringomas arise from sweat glands.⁸ Based on the histopathological differences chondroid syringomas have eccrine and apocrine variants.⁹ Mills reported that mixed tumors are monoclonal neoplasms with replicating cells that can differentiate towards mesenchymal or epithelial components and this accounts for the histological differences of the mixed tumor of the skin.¹⁰ The treatment of choice for chondroid syringoma is wide surgical excision.¹¹ Because of the lobulated nature of the tumor, the margins of the normal tissue should also be included with the excision to ensure complete removal of the tumor.¹¹

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