

Syringomas over forearm: A case report

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Abstract Syringomas are benign intraepidermal tumour of eccrine sweat ducts mostly found in women at the time of adolescence. Most commonly, lower eyelids are involved and few may occur in the scalp, axillae, abdomen, forehead, penile area and vulva. Syringomas over the forearms are less commonly found. The lesions commonly present as small, multiple, skin to yellowish coloured papules. We present a case of 35-year-old lady with multiple hyperpigmented flat smooth surfaced papules only over the extensors of the forearms symmetrically for the last 1 year with no other cutaneous and systemic manifestations. Histopathological examination confirmed the diagnosis.

Key words

Syringoma, intraepidermal tumour, eccrine sweat duct, forearms.

Introduction

Syringomas are benign intraepidermal tumours of eccrine sweat ducts mostly found in women at the time of adolescence.¹ However, further lesions can develop later in life and reported cases range between first and sixth decade.^{2,3} Clinically, syringomas appear as multiple, skin-to yellowish coloured, firm, smooth surfaced papules with diameter ranging from 1-3mm, mostly localised to the lower eyelids and malar areas. The lesions are usually bilaterally symmetrical.³ Syringomas over the forearms are less commonly found.

Case report

A 35-year-old healthy female presented to the dermatology OPD of a tertiary care hospital with a 1-year history of multiple, dark coloured, non-itchy, elevated eruptions over the outer surface of forearms. The lesions started as small papules at the wrist on the right forearm and gradually spread upwards to involve right forearm and also involved left forearm. The eruptions were asymptomatic. There was no

history of similar eruptions in the family.

On examination of skin, multiple, hyperpigmented, nontender, flat-topped papules with size ranging from 1-2mm in diameter were distributed over the extensors of both the forearms (**Figures 1 and 2**). No lesions above the elbow or any such lesions in any other body parts were present. No keratinous material was expressed on pressure and no comedones were found. Examination of mucosa, nails and hair revealed no abnormality. Systemic examination was normal. All the investigations including, complete blood count, serum urea and creatinine, serum electrolytes, liver function tests, oral glucose tolerance test, thyroid function tests and lipid profile were within normal limit. Chest X ray and electrocardiogram were normal, as well.

Histopathological examination, on low power view (10x10x) showed numerous ducts in the fibrous stroma lined by 2 rows of epithelial cells (**Figure 3**). The high power (40x10x) image showed few ducts possessing comma-like tails, giving the appearance of tadpoles (**Figure 4**). Lumen contained amorphous materials.

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Figure 1 Syringoma over forearms.



Figure 2 Closer look on the syringoma over forearm.

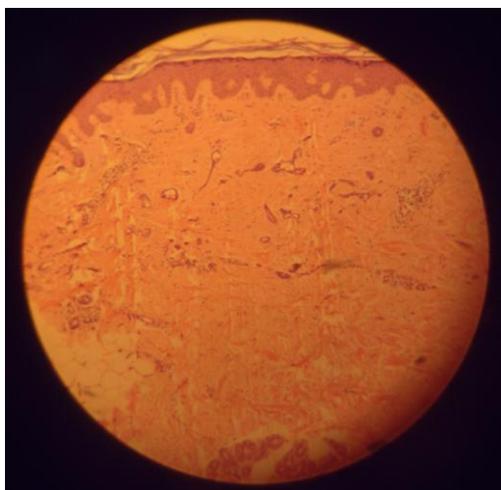


Figure 3 Multiple ducts in the fibrous stroma.

Discussion

Syringoma is derived from Greek word *synx*, which means pipe or tube. It was first described by Kaposi and Biesiadeki as lymphangioma tuberosum multiplex in 1872.⁴ These tumours are most common in females during the adolescence.⁵

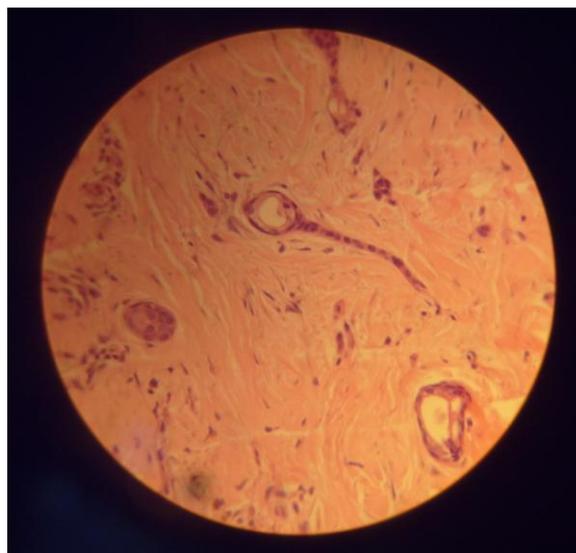


Figure 4 Few ducts possessing comma-like tails giving the appearance of tadpoles (40X).

They present as multiple skin- to yellowish coloured, firm, smooth surfaced papules with a diameter ranging from 1-3mm, mostly localised to the lower eyelids and malar areas. Unusual locations involve vulva,⁶ penis.⁷ Rarely, occult syringomas of the scalp are associated with diffuse thinning of the hair or cicatricial alopecia. In rare instances the lesions may be unilateral and linearly arranged.⁸ Syringomas are non-regressing and asymptomatic, although malignancy has been reported.⁹

Acral syringoma are a rare variant.^{10,11} There is a single case report of solitary syringoma of left ankle.¹² Symmetrical syringomas located on the distal aspects of the upper extremities have been described.¹⁰ Another case with multiple acral syringomas and symmetrical involvement of the dorsal aspect of the hands, feet, fingers and toes, unassociated with similar involvement of rest of her body has also been reported.¹¹ A case of late-onset syringomas of upper extremities was found to be associated with carcinoid tumour¹³ and in the other, coexistence of acral syringomas with multiple trichoepitheliomas on face.¹⁴

Friedman and Butler have suggested four principal types of syringomas based on morphological features and associations.¹⁵ They

are localised variety, generalised eruptive form, lesions associated with Down's syndrome and an autosomal dominant familial form. Few cases have been reported with association of syringoma with milium, diabetes mellitus,¹⁶ melanocytic nevus, sarcoidosis, elevated carcinoembryonic antigen (CEA) and psychiatric disorders. Increased frequency of the disease is noted with Ehlers-Danlos syndrome and Down's syndrome.¹⁷

Treatment for syringomas is usually not necessary unless cosmetically required or if they are symptomatic. Partial removal either by excision, electrodesiccation, radiofrequency ablation and CO₂ laser treatment can be performed with satisfactory results.⁵ Combination of trichloroacetic acid and CO₂ laser,¹⁸ argon laser and erbium-YAG laser have been tried with some success.

Syringomas are rarely reported over forearm. On thorough PubMed search, we found a case of acral syringomas associated with carcinoid syndrome¹³ and trichoepithelioma.¹⁴ Few observers also reported syringomas on acral distribution, which may be symmetrical.¹¹ In our case syringoma was found to be present only over the forearms symmetrically without any other systemic association. So, symmetrical distribution of syringoma only over forearms without any other systemic and cutaneous association made this case a reportable one.

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