

# Chondroid syringoma mimicking keratoacanthoma

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**Abstract** Chondroid syringoma was seen in 44 years old male patient that was located on the mustache area of the left side of the upper lip. The clinical picture and the duration of the disease was very suggestive of keratoacanthoma, hence was treated with topical podophyllin for two months but there was no response. The tumor was extracted completely and histopathological assessment showed a picture of chondroid syringoma rather than keratoacanthoma. The clinical presentation of this case is very interesting and strange, accordingly, it deserves reporting and reviewing the literature.

**Key words**

Chondroid syringoma; Keratoacanthoma.

## Introduction

“THE MIXED TUMOR” of the integument was first invented by Billroth in 1859 as an entity that has histopathological similar characteristics of the salivary glands mixed tumors.<sup>1</sup> The description “chondroid syringoma” was originally used by Hirsch and Helwig for the tumors of the sweat gland in 1961.<sup>2,3</sup>

The clinical presentation of a mixed tumor is indistinctive. The lesions present as cutaneous papulonodular that are usually misconstrued as cysts. Involvement of the neck and head is common and lesions may also develop on the trunk or axillary or genital skin.<sup>4</sup>

A syringoma (chondroid) is mostly a tiny, tender, single, benign skin mass that is gradually enlarging and located in the dermis or sub-

dermis.<sup>1,5</sup> The nodule is usually freely mobile and easily distinguished from the surrounding skin.<sup>6</sup> The surface is lobular, and orifices of the adnexa have been detected in few cases. Ulcerations could take place depending on the trauma's localization, like the feet' sole.<sup>6</sup> Its diameter is usually 0.5 to 3 cm, and epidermoid cyst and basal cell carcinoma must be excluded as they are one of the significant differential diagnosis.<sup>5,7</sup> management is done by total excision and recurrence is rare.<sup>2,3,5</sup>

Keratoacanthoma is not an uncommon skin tumor among healthy individuals but it is a common tumor among patients with xeroderma pigmentosum and xerodermoid patients. It had been well recognized that KA might behave in a natural course of involution and spontaneous recovery but this could be rarely seen in clinical practice. Hence the surgical treatment is highly recommended. But when these tumors are in critical vital locations like on the nose and near the eyes medical therapy is recommended. Topical podophyllin 25% had been applied effectively in the treatment of genital warts, basal cell carcinoma, and solar keratosis. Accordingly, the present case was treated by

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**Figure 1** A) 44-year-old male patient showing chondroid syringoma mimicking keratoacanthoma like lesion on the left side of upper lip. B) The same patient with chondroid syringoma 45 days after surgery, healing with scar.



**Figure 2** Showing the gross specimen of chondroid syringoma after extraction

topical podophyllin but it failed to clear this tumor and this encouraged us to review the diagnosis.<sup>8</sup>

### Case report

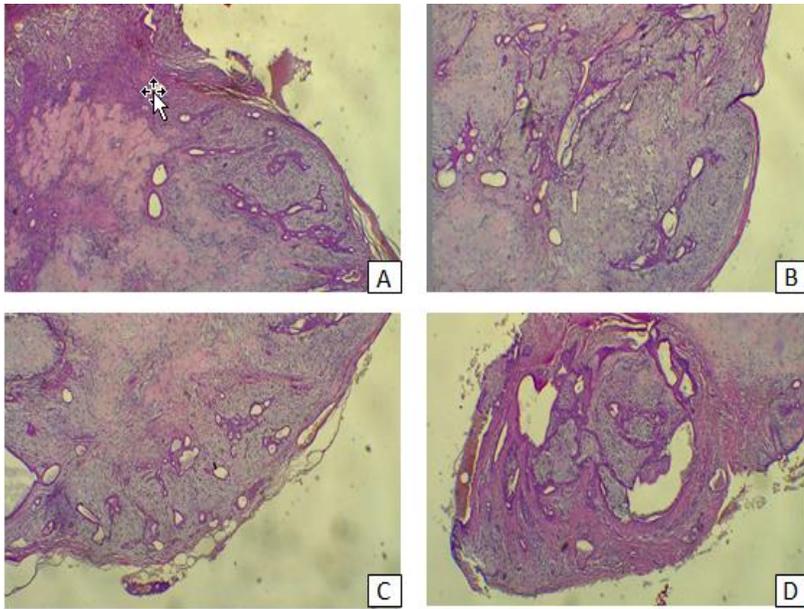
This is 44 years old male patient that presented with nodule of left side of the mustache area of upper lip which started 6 months ago with no other complaint apart from slight itching. On examination 7-millimeter nodule with cratiform surface, firm in consistency as shown in **Figure 1**. The clinical diagnosis of keratoacanthoma was established and 25% topical podophyllin solution was started as once per week for 44 days but without any response. Hence the diagnosis was reviewed and we decided to do biopsy, and after local anesthesia, forceps was used to hold the nodule in order to do shave biopsy but surprisingly before cutting, the whole mass pulled out and extracted completely leaving a cavity. The mass looked rounded whitish in color around 6-8 mm in size simulating the head of onion (**Figure 2**) and sent for histopathological assessment. The base of lesion was cauterized and systemic antibiotic was given. The lesion cavity was healed completely after 45 days leaving scar (**Figure 1B**).

### Histopathological report

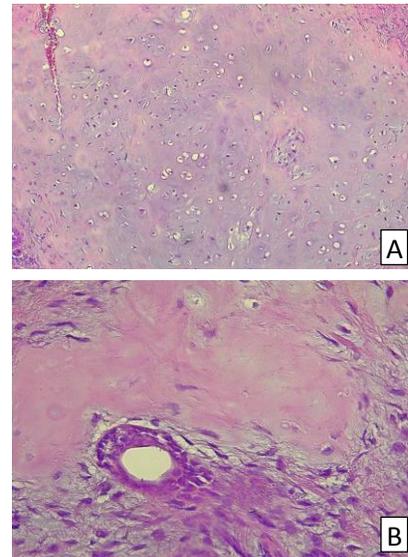
Skin tissue showed ulceration with epithelial hyperplasia and obvious shouldering, associated with well circumscribed nonencapsulated lobular dermal mass composed of an abundant island of basophilic chondroid with myxoid matrix intermixed with epithelial nests, sheets and tubules of double layers (inner epithelial and outer myoepithelial with clear cytoplasm) with occasional cystic changes. No significant atypia or malignancy seen as shown in the (**Figure 3**) and (**Figure 4**) and the diagnosis is consistent with chondroid syringoma, benign in nature.

### Discussion

Although chondroid syringoma is a rare disease but could occasionally seen and misdiagnosed with other diseases. In this present case the clinical diagnosis is greatly mimicking keratoacanthoma that was treated by topical podophyllin solution 25 % but failure to respond to this therapy had greatly encouraged us to review the diagnosis and to do extraction of the tumor and the histopathological assessment revealed chondroid syringoma which is a benign tumor. So clinically the case gave us very good



**Figure 3** A,B) Hematoxylin and Eosin-stained sections showing histopathological features of chondroid syringoma) (power 40 X). C,D) Hematoxylin and Eosin-stained sections also showing the histopathological features of chondroid syringoma, (power 40 X).



**Figure 4** A) Hematoxylin and Eosin-stained sections showing the chondroid features of syringoma. (Power 100X). B) Hematoxylin and Eosin-stained section also showing the chondroid features of syringoma. (Power 100 X)

lesson that other diseases might simulate keratoacanthoma just like chondroid syringoma. The clinical clue in this case as no response to topical podophyllin and easily pulled out by forceps leaving cavity.

### Conclusion

This is a very interesting case as presented clear clinical picture of keratoacanthoma but follow up treatment and histopathological assessment clearly demonstrated chondroid syringoma.

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