

MULTIPLE CHONDROID SYRINGOMA

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A 60-year-old man presented with multiple skin-coloured nodules of 6 months duration and ulcer on the left elbow of 4 months duration. Cutaneous examination revealed skin-coloured nodules over left arm, left shoulder, left mammary and inframammary region, lateral wall of chest and left scapular region. The nodules were hard, freely mobile and non-tender. There was also an irregular ulcer on left elbow. Biopsy from the ulcer showed non-specific features. Excision biopsy of a nodule showed features of chondroid syringoma of small ductal type.

Key words: Chondroid syringoma

Introduction

Chondroid syringomas are mixed tumours of the skin. The term chondroid syringoma was first introduced by Hirsch and Helwig. Neoplasms with microscopic features that indicate both epithelial and mesenchymal origin, have been referred to as mixed tumours.¹ The term has been applied not only to those of skin but also to many tumours unrelated to skin i.e., mixed tumours of salivary glands and mixed tumours of kidney. The tumour as a rule is benign and single. Clinically it presents as asymptomatic subcutaneous or intradermal nodule. Its usual size is between 0.5 cm to 3 cm.² Head and neck are the common sites of involvement. Other sites are axillae, anterior chest, trunk, extremities and genitalia.

Case Report

A 60-year-old man came to our hospital with complaints of skin-coloured nodules of six months duration and ulcer on left elbow of four months duration. He first noticed skin coloured nodules over left arm and in due course of time nodules were noticed over the front and back of chest. The nodules gradually grew to reach present size. He had below elbow amputation in March 1995

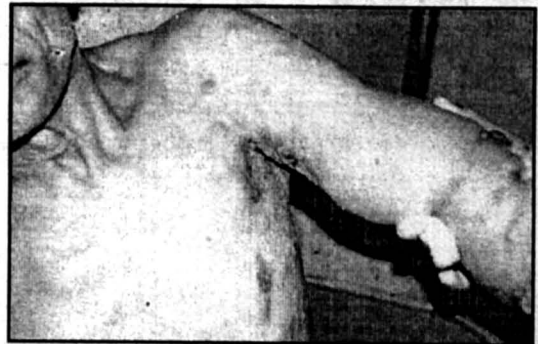


Fig 1. Left shoulder and left side of the chest showing multiple chondroid syringoma.

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for squamous cell carcinoma of left hand. Examination revealed multiple skin-coloured nodules over left arm, left shoulder, left mammary and inframammary region and lateral wall of chest and left scapular region. (Fig 1). Nodules varied from 1mm to 5 cm. in size, hard in consistency, freely mobile and non-tender. Skin over the nodules was not pinchable. There was an irregular ulcer on the left elbow measuring 2 cm x 5 cm. Margins were everted and base of the ulcer was not fixed. Floor of the ulcer showed unhealthy granulation tissue. There was an irregular scar on the left anterior axillary fold. There were no sinuses. There was diffuse lymphoedema over the left elbow and left arm. Left central axillary group of lymph nodes were palpable which were discrete, mobile and tender. Respiratory system was normal. There was no hepatosplenomegaly. Hairs, nails, mucous membranes were normal. He was provisionally diagnosed as a case of squamous cell carcinoma with cutaneous metastasis. Routine laboratory investigations were within normal limits. X-ray chest was normal. *Psuedomonas pyocyanese* was grown on culture of pus which was sensitive to ciprofloxacin and gentamicin. Mantoux test was negative. Culture for fungus was negative. Histopathological examination of biopsy taken from ulcer showed non-specific features and there was no evidence of malignancy. Histopathological examination of excision biopsy of nodule showed following features.

Dermis showed small tubular structures scattered in mucoid stroma. The lumina of the tubules were lined by single layer of flat epithelial cells. There was no evidence of malignancy. Features were suggestive of chondroid syringoma of small tubular type.

Discussion

Chondroid syringoma as a rule is single and benign. Hirsch and Helwig in their follow-up of 133 cases of chondroid syringoma could find only one case with multiple lesions¹. This emphasizes the rarity of occurrence of multiple lesions. The reported case has histologic features of chondroid syringoma of small ductal type. This is in concurrence with the Hirsch and Helwig study of 9 tumours occurring on anterior chest where it showed chondroid syringoma of small ductal type. The appearance of the lesions in crops in the reported case could not be explained. The correlation between previous squamous cell carcinoma and the development of multiple chondroid syringoma in the reported case however could not be established. It could be a coincidence. The case is reported because of its rarity and its unique mode of presentation.

References

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