

Indian Journal of Dermatology & Venereology

(Incorporating Indian Journal of Venereal Diseases & Dermatology)

Vol. 30; No. 4.

July - August 1964

ORIGINAL ARTICLES

NEOPLASMS OF THE SWEAT GLANDS

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Nodular lesions of the skin over the scalp, extremities, and chest are of multiple aetiology. They may be benign or malignant. These neoplasms arise from the skin and its appendages. Not infrequently tumours arising from sweat glands may assume such features as to suggest malignant ulcerative either primary or secondary tumours of the skin or lymph nodes. The tumours of the sweat glands are usually small and are in the form of papules but at times assume large size and are ulcerated and infected. Their true nature can only be disclosed by histological study of the excised neoplasm. In recent years a variety of histological patterns of sweat gland tumours have been listed and they are :

Syringoma

Syringo-cystadenoma

Papillary syringo-cystadenoma

Solid hydro-adenoma (Its Mixed Tumour Variant)

Adenocarcinoma of sweat gland.

In an analysis of tumours of the skin for the years 1955 to 1962 at the Department of Pathology, Guntur medical College, we found 11 tumours of sweat gland origin. Some data of them are included below.

Type	Hydroadenoma	Papillary Hydro adenoma	Syringo cyst- adenoma	Adenocarcinoma
Number	3	3	3	2

Table I : Histological Types Of Sweat Gland Tumours,

Received for publication on 8th May 1964.

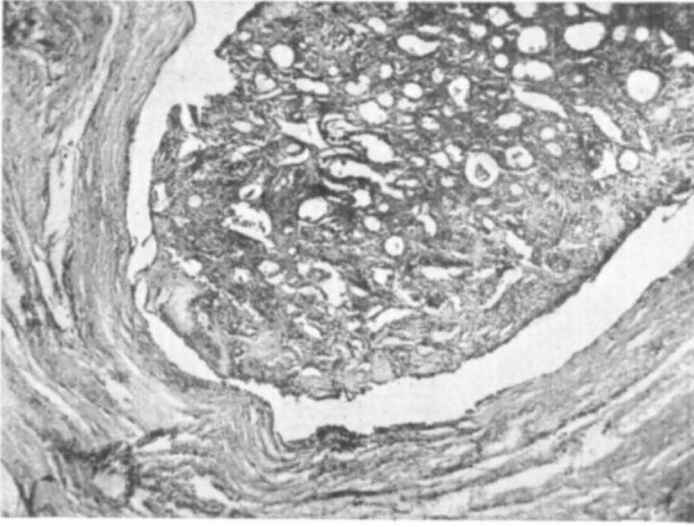


Fig. 1 Case 1 Photomicrograph illustrates hydroadenoma (H & EX 60)

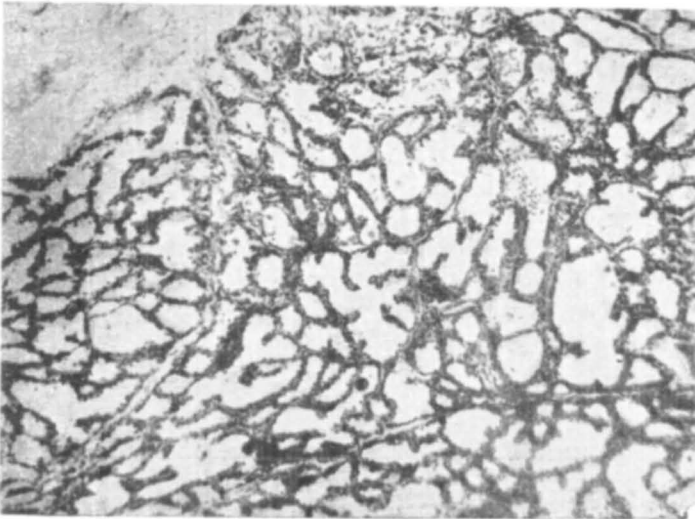


Fig 2 Case 2 Photomicrograph illustrates hydroadenoma papilliform (H & EX 70)

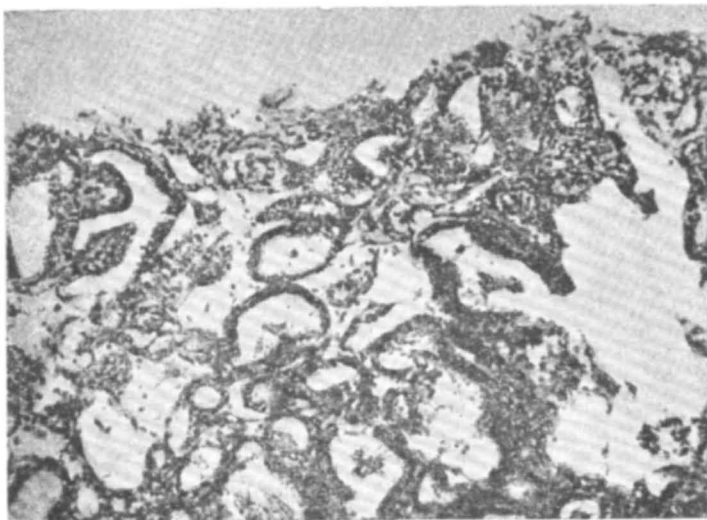


Fig. 3 Case 3 Photomicrograph illustrates hydroadenoma papilliferum. (H & EX 60)



Fig. 4 Case 4 Photomicrograph illustrates hydroadenoma papilliferum. (H & EX 84)

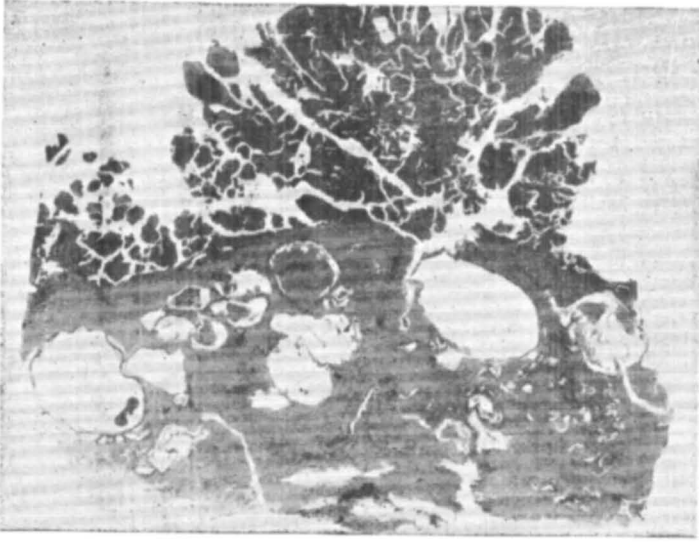


Fig. 5 Case 5 Photomicrograph illustrates Syringocystadenoma papilliform (H & EX 20)

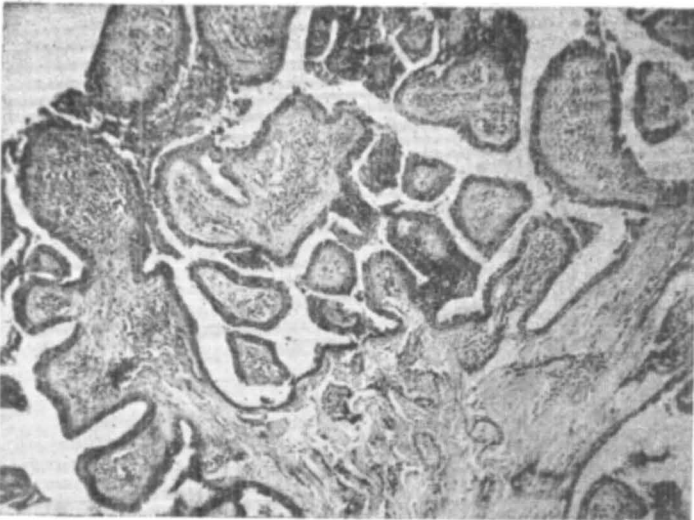


Fig 6 The same under higher magnification (H & EX 50)

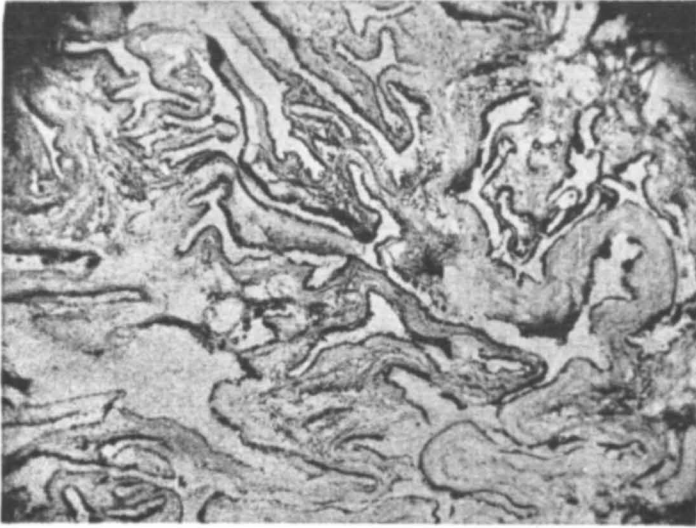


Fig. 7 Case 6 Photomicrograph illustrates syringo cystadenoma papilliform (H & EX 40)

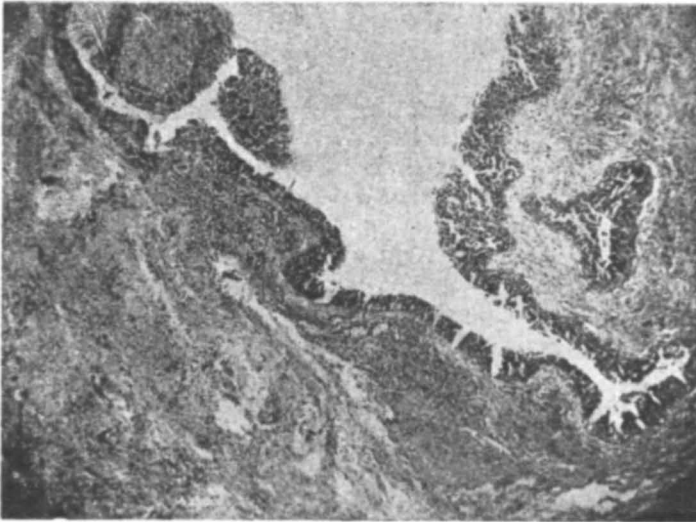


Fig. 8 Case 7 Photomicrograph illustrates syringo cyst adenoma papilliform. (H & EX 60)

Site	Scalp	Face	Neck	Scapula	Back	Parotid Area	Axilla	Umbilicus	Sites not mentioned
Number	1	2	1	1	1	1	1	1	2

Table 2: Distribution Of Sweat Gland Tumours.

Case 1: Female aged 40 years had mass over the bridge of the nose close to the left inner canthus. It was soft and skin over it was free. Section from the excised tumour showed solid hydro-adenoma. (Fig. 1)

Case 2: Female aged 18 years had fever associated with enlarged lymph nodes in the left axilla since three months. The mass had ulcerated since a month. Sections from the excised mass showed hydroadenoma papilliform. (Fig. 2)

Case 3: Female aged 36 years had swelling over the head since 2 years. The complaint started 2 years back when she injured the area. At that time she developed a small nodule which had gradually increased to the size of an orange. The patient had applied an irritant over swelling and since then had ulcerated and been bleeding. It was soft and fluctuant. It was pulsatile. The bone underneath the swelling was eroded. Cirroid aneurysm was suspected.

Sections from the excised tumour showed typical appearances of hydro-adenoma papilliform. (Fig. 3)

Case 4: Female aged 40 years had a fungating growth over the back. The tumour was excised and sections of the tumour showed papillary processes lined by multi layered columnar epithilium with a fibrous core and these processes were seen filling cystic spaces. (Fig 4) These appearances are consistent with Syringo-cystadeno papilliform.

Case 5: Male aged 28 years had a swelling over the back for 7 years. It was ulcerated and was discharging purulent material. The mass was pedunculated. The mass was excised and showed papillary excrescences. (Fig. 5) Sections of this showed typical appearances of syringo cystadeno papilliform. (Fig. 6)

Case 6: Female aged 40 years had a cystic swelling over the axilla. Sections of it showed papillary hydroadenoma pattern. (Fig. 7)

Case 7: Female aged 34 years had cystic swelling over the left side of the neck since 4 years. The cyst excised. Sections of the cyst showed the appearances of syringo cystadenoma papilliform, The cyst was infected.

Summary: The case reports emphasise the fact that it is often not possible to clinically recognise sweat gland tumours and that they are mistaken for cutaneous malignancy. Histological examination of excised cysts alone could reveal the true nature of the lesion.