ZOSTERIFORM NETWORK OF SPIRADENOMA

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Spiradenoma is a solitary, deep seated nodule occurring on the ventral surface of the body, especially over the upper half. We are describing a case of spiradenoma with zosteriform arrangement.

Key Words : Spiradenoma, Zosteriform arrangement

Introduction

Eccrine spiradenoma is characterised by a solitary, 1 cm, deep-seated nodule occurring most frequently on the ventral surface of the body, especially over the upper half.[1] Normal appearing skin covers the nodule, which may be skin coloured, blue or pink. Shelly and Wood described a zosteriform network of spiradenoma.[2] Here we are describing a patient having eccrine spiradenoma with segmental and linear distribution.

Case Report

An 11-year-old boy was brought with painful and tender papules over the chest and upper and lower extremities. The lesions started 4 years ago as nodules over the front of chest. Gradually it spread to the other parts of the body such as left arm and forearm and left lower limb. For the last 3 months, the lesions had become painful and tender.

The child was born as a second child of a non-consanguineous marriage. Parents and siblings are not having any similar disease. Except a delay in walking, all other milestones of development were normal.

Examination revealed multiple nodules of varying sizes ranging from 4 mm to 1 cm over the left side of chest starting form the midline and distributed in T_4,T_5 and T_6 dermatomes. It was also distributed along the C_7 dermatome on the ventral aspect of left upper limb. Over the left lower limb it was distributed over the S_1, S_2 and S_3 dermatomes. The nodules were skin coloured and tender. Palms, soles, mucous membranes, hair and nails showed no abnromality. Complete blood count, urinalysis, skeletal survey were all normal.

Histology of one nodule showed a tumour in the dermis consisting of multiple closely apposed lobules seperated by collagenous stroma. The tumour consisted of two types of cells, the majority being small with dark nucleus and scant cytoplasm. There were also slightly larger cells with paler vesicular nuclei. These were seen in small groups or arranged around small lumina to form duct like structures (Fig. 1).

Discussion

Eccrine spiradenoma is benign tumour

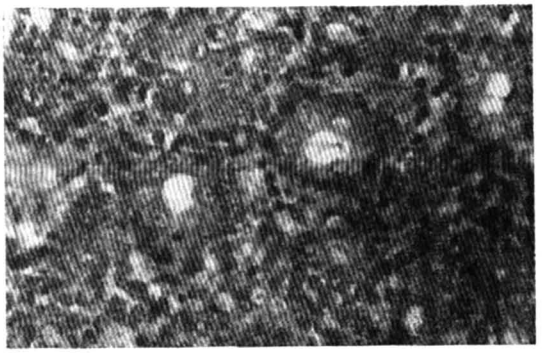

Fig. 1. Photomicrograph showing two types of cells. Larger cells with paler vesicular nuclei and smaller cells with dark nuclei and scant cytoplasm.

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of the skin. The lesion is usually solitary and tender.[3] The usual site is on the front of the trunk and proximal limbs. In our patient the spiradenoma is distributed along the contiguous dermatomes in a linear fashion. Shelly and Wood described zosteriform distribution of eccrine spiradenoma and suggested neural origin.[2] Tsur et al described linear arrangement of the tumour.[4]

Histologically[5] the tumour may consist of one larger, sharply demarcated lobule, but more commonly, there are several such lobules located in the dermis without connection to epidermis. The lobules are sharply demarcated and encapsulated. On higher magnification, the epithelial cells within the tumour lobules are found to be arranged in intertwining cords. Two types of epithelial cells are found in the cords, those with small, dark nuclei arranged peripherally and those with large, pale nuclei arranged in the center of the aggregates.

Spontaneous episodes of paroxysmal pain are associated with the tumour.[6] The pain in eccrine spiradenoma has been ascribed to the contraction of myoepithelial cells.[5] But electron microscopy has proved that there are no myoepithelial cells in the tumour.[6] The exact explanation for this phenomenon is lacking.

Malignant transformation of eccrine spiradenoma has been described.[7] Rapid enlargement in size and tenderness may point to carcinomatous change.

The treatment of eccrine spiradenoma is by surgical excision. The excision should be complete for complete resolution. Partial excision may result in recurrence.

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