

ECCRINE SPIRADENOMA A Case Report

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Summary

A rare case of eccrine spiradenoma is described in a four months old baby. Histogenesis is discussed and literature is reviewed.

KEY WORD : Eccrine spiradenoma.

Introduction

Eccrine spiradenoma is a rarely encountered benign tumour arising from sweat glands of skin. It usually presents as a solitary, firm, tender, intracutaneous nodule, occurring most commonly over the face. The tumour was first described by Kersting & Helwig¹ and on the basis of its histological characters they separated it from other benign adenexal tumours. The present case is described because of its rare occurrence and interesting presentation in a four months old baby.

Case Report

A four months old female child was admitted to surgical ward of General Hospital, Udaipur with the complaints

of a gradually increasing painless swelling on the right side of forehead of two months' duration. No congenital abnormality could be detected. Local examination revealed a round, soft, non tender, well defined swelling about 3 cms in diameter on the right side of the forehead at the hairline. The swelling was adherent to skin but not to deeper structures. Regional lymphnodes were not palpable. Routine laboratory tests were unremarkable. The swelling was excised in toto under general anaesthesia and sent for histopathological examination. The patient made an uneventful recovery and was discharged on 15th post-operative day.

Gross Examination

The tissue was capsulated, irregular, 3.5 cm. in diameter, firm and greyish white. Cut surface was irregular and greyish white.

Microscopic Examination

The tumour was composed of richly cellular masses, separated by varying amount of connective tissue stroma and covered by normal epithelium. The cell masses consisted of two types of cells, outer small cells with dark nucleus and inner relatively large cells with

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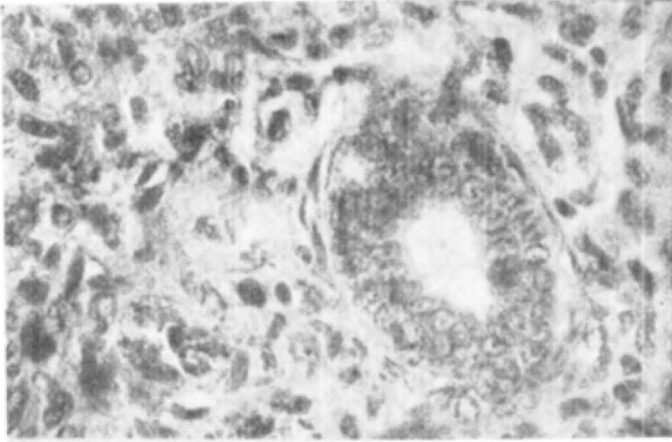
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Received for publication on 10—12—1982

**Fig. 1**

Two layered non secretory lumen surrounded by inner large pale cells and outer small darkly stained cells. (H & E, $\times 200$)

pale nucleus. The cytoplasm in both cell types was scanty. A few non-secreting small lumina were present between the cells, lined by one or two layers of cuboidal epithelial cells (Fig. 1). Many small blood vessels and focal lymphocytic infiltrations were seen in between the masses.

Discussion

Eccrine spiradenoma usually occurs in young adults but in the present report, the patient was only 2 months old when the lesion first appeared. Although solitary, as in the present case, the tumour may be multiple and the size may vary from 0.5 to 5 cm. in diameter². The tumour has a predilection for upper anterior part of the body, specially face, trunk and extremities, but not the scalp¹. It has been reported that the tumour may arise anywhere on the body³.

The histogenesis and nomenclature of adenexal tumours has remained controversial in the past and led to much confusion. As far as the histogenesis is concerned, histochemical and electron microscopic studies have shown the tumour is eccrine in origin¹ and subsequent studies have documented their relation to the lower portion of eccrine duct^{2,4}. Allen⁵ classified the tumour as a type of syringoma (lobular syringoma), while, Seldom et al⁶ categorised it as a separate entity, quite distinct histologically from syringoma.

Various authors have adopted different terminologies in reporting such cases and as such the exact incidence is not known. It is possible that a few of the cases reported as syringomas or lobular hydradenomas might have been eccrine spiradenomas.

The tumour is benign in character and malignant transformation has not been documented, although recurrence has been noted after surgical excision².

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