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Case Report

Chondroid syringoma simulating 'aged' giant chalazion

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Abstract

Chondroid syringoma, also known as mixed tumour of the skin, is a relatively rare benign tumour. A few malignant cases, especially in the lower extremities, have been published. Presented in this paper is a case of 22-year old man with histologically proven chondroid syringoma in the right lower eyelid, consistent with the location of majority of reported benign cases.

Keywords: Chondroid syringoma, Excisional biopsy, Lower lid.

INTRODUCTION

The first case of what is now thought to be chondroid syringoma (CS) is believed to have been reported by Nasse in 1892 (Salama et al., 2004). However, following a large case series, the term CS was coined in 1961 by Hirsch and Helwig because of composite cartilaginous matrix (chondroid) and the sweat gland elements (syringoma) (Lowe et al., 2009). Furthermore, Tural et al. (2013) reported that Headington in the same year divided the tumour into apocrine and eccrine groups based on the predominant histopathological features. It is a rare subcutaneous tumour of the skin arising from the eccrine sweat glands with tumour differentiation into the epithelial and mesenchymal tissues. It occurs most commonly in the head and neck region, although involvement of axilla, trunk, limbs, and genitalia have been reported (Tural et al., 2013; Yavuzer et al., 2003).

With a size ranging from 2 mm to ≥1 cm, benign CS presents as a solitary, solid, painless, non-ulcerative, sub-cutaneous, or intra-cutaneous nodule (Obaidat et al., 2997). It often affects middle-age to elderly patients with males having higher propensity (Sheikh et al., 2000). Rarely, long standing cases have been observed to undergo sudden and abrupt malignant changes with widespread metastasis (Shashikala et al., 2004).

Although, there have been no records of effectiveness of chemotherapy and radiotherapy for this tumour, early wide excision with a broad margin may be the most reliable treatment. In this report, we present a rare case of benign CS in a right mid lower lid in light of limited literature involving ocular adnexae on the subject.

Case summary

A 22 - year old road side mechanic presented with a painless right lower lid mass that had been gradually increasing in size over a 2-year period (figure 1). There was no similar swelling in other parts of the body. The swelling at no time resolved and there was no antecedent trauma. Systemic review and investigations including fasting blood sugar showed no abnormalities. Physical examination showed a sessile, firm, non-tender, transilluminating mid right lower lid nodule with no differential warmth but with shining irregular surface and vague vascular markings. There was no visual impairment but madarosis in the area of the nodular mass which appeared to involve the entire lid substance on deep palpation. There was no regional lymph node enlargement. The initial clinical impression was an eccrine cystadenoma, with chalazion being considered as a differential diagnosis because of location, non-tenderness, nodularity and consistency. Excisional biopsy

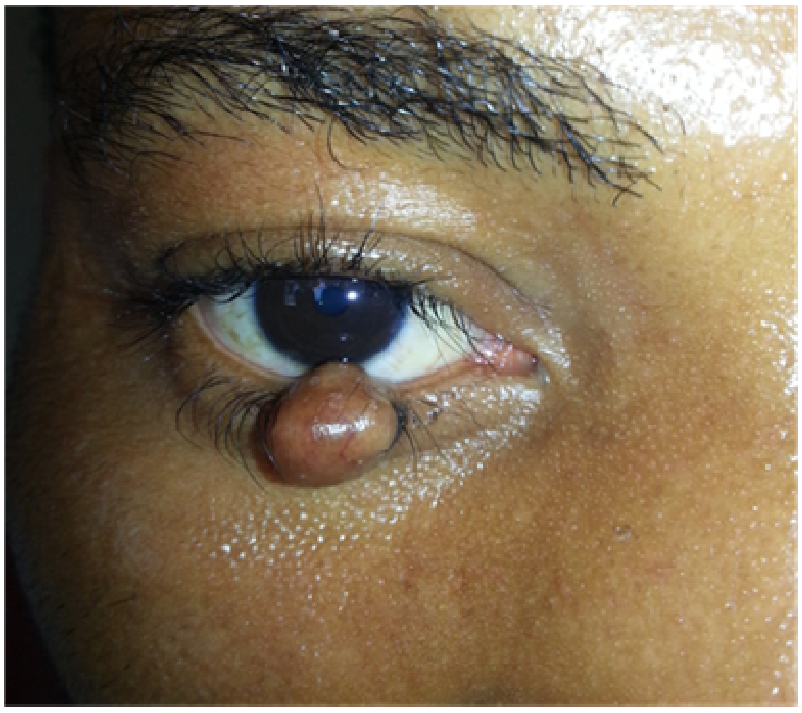

Figure 1. A 22-year old male with painless right lower nodular swelling.

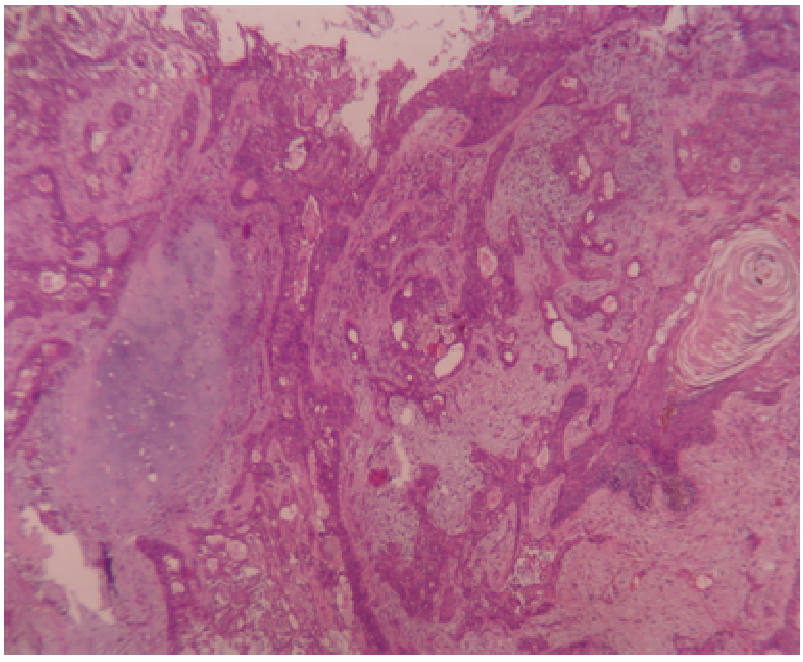

Figure 2. Histopathological examination of the biopsied mass showed a fairly circumscribed subepithelial lesion composed of proliferating hair follicles with tapering ends within areas of chondroid differentiation.

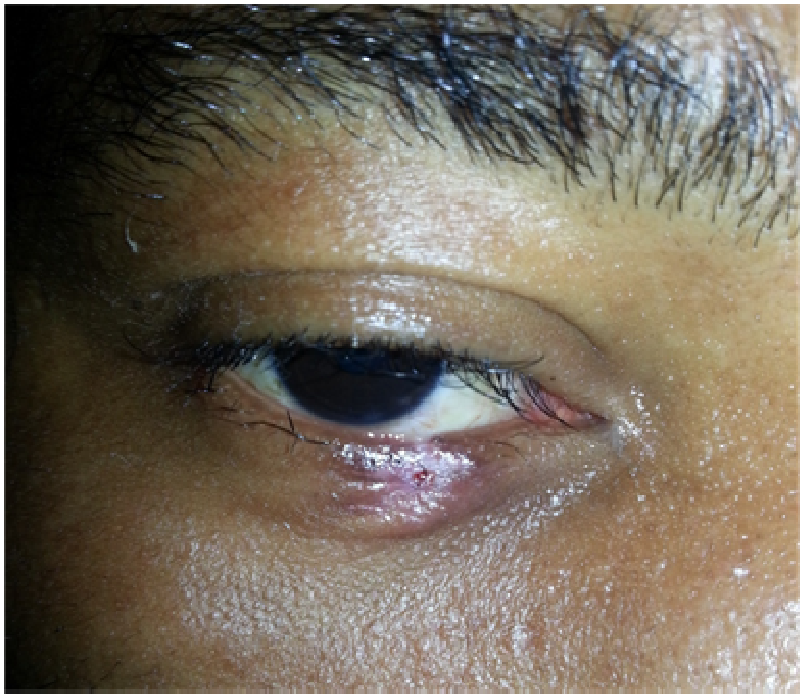

Figure 3. Post therapy appearance of the lower eyelid with desirable cosmetic and therapeutic outcomes

was done and sent for histopathologic assessment (figure 2). This was followed by desirable cosmetic and therapeutic outcomes (figure 3).

Pathologic Findings

Histologic sections showed a fairly circumscribed benign lesion within the subepithelium with an overlying non-keratinizing stratified squamous epithelium. The lesion consists of proliferating hair follicles with tapering ends, some of which coalesce to form larger follicles. Some of these follicles are seen within areas of chondroid differentiation. Other areas show an inclusion cyst with skin adnexae within the submucosa (Figure 2).
Diagnosis: Benign chondroid syringoma with combined follicular, eccrine and chondroid differentiation.

DISCUSSION

CS is a tumour arising from sebaceous glands, sweat glands, and ectopic salivary glands (Mathiasen et al., 2005). Many studies have shown a female-to-male ratio of 2: 7 and a mean age at diagnosis of 48.3 years (range 13–84 years) in benign CS (Yavuzer et al., 2003; Sheikh et al., 2000; Barnett et al., 2000). Our case concurred with these findings being found in a young 22- year old male with slowly growing benign CS. Though very rare, few malignant cases have been reported with slight propensity for females and limbs contrary to the common benign counterpart (Lowe et al., 2009; Barnett et al., 2000).

Although majority of benign cases occur in the head and neck region (80%) (Tural et al., 2013; Yavuzer et al., 2003), there is paucity of literature of its occurrence in ocular adnexae. Extensive literature review showed our study to probably be the first to report ocular adnexal CS in this environment.

CS may be confused clinically with epidermal cyst, pilar cyst, calcifying epithelioma, or a solitary trichoepithelioma (Jerajani and Amladi. 2001). In our case, based on the clinical appearance, the tumor was initially diagnosed as an eccrine cystadenoma with giant chalazion being considered as a possible differential diagnosis. The definitive diagnosis was based on the histologic analysis of widely excised tumour.

In conclusion, CS is a rare subcutaneous benign tumour composed of mesenchymal and sweat gland elements found usually in the head and neck region. The net of differential diagnoses of eye lid masses should be cast wide to accommodate such rare occurrences. When

involving the eye lid, early excisional biopsy without destroying aesthetic and functional structures is the preferred diagnostic and therapeutic approach.

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