Bulletin of Environment, Pharmacology and Life Sciences
Bull. Env. Pharmacol. Life Sci., Spl Issue [4] 2022 :127-129

Online ISSN 2277-1808
Journal's URL:http://www.bepls.com
CODEN: BEPLAD

ORIGINAL ARTICLE **OPEN ACCESS**

A Case Report: Papillary eccrine adenoma associated with syringocystadenoma papilliferum

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ABSTRACT
Syringocystadenoma papilliferum is a rare benign adnexal neoplasm. It originates from the apocrine or the eccrine sweat glands. It usually appears at before puberty. We here report here a case of 36 year old female with multiple fungating mass on chest below right breast. She underwent complete surgical removal of lesion and histopathological examination confirmed the diagnosis of a papillary eccrine adenoma associated with syringocystadenoma papilliferum.

Received 04.10.2022 Revised 13.10.2022 Accepted 24.11.2022

INTRODUCTION

Syringocystadenoma papilliferum is an uncommon benign adnexal neoplasm which arises from the eccrine or the apocrine sweat glands or both. In about 50% of the cases, it presents at birth, and in 15%-30%, it develops before puberty [1]. Papillary eccrine adenoma is a benign tumor usually located on the limbs of dark skin person with female's predeliction [2]. They are mostlywithout symptoms but maybe with pain or ithching .It is usually solitary nodule but few variants are alsoseen.[2][3] Malignant changes is uncommon but totalremoval is preferred. Here we report a case of a 36 year old female who presented with two years history of multiple fungating mass on chest below the right breast. Local physicalexamination revealed a solitary 6 × 4 cm, dark brown firm growth with hyperkeratotic lesion coveredwith crusts on the right chestunder the breast. The underlying deeper tissues and lymph node was not involved. The mass was removed with a 3 mm margin of healthy skin and sent for histopathological examination. The final pathologic diagnosis of excision biopsy specimen confirmed syringocystadenoma papilleferum associated with papillary eccrine adenoma.

HISTOPATHOLOGICAL FINDINGS

On gross examination, three partly skin covered nodular white to grey black tissueall together measuring6 × 4 x1.5 cms. Microscopic examination showed multiple cystic invagination of the epidermis containing many papillae. The papillae showed a fibrovascular core lined by inner luminal columnar and outer cuboidal cells with plasma cell infiltrations seen in papillary cores. Underlying dermis shows variable sized tubular structures with two layers of cuboidal epithelium, amorphous and granular eosinophilic secretion in the lumen and fibrovascular intervening stroma. Immunohistochemistry was positive for S100.

FIG1

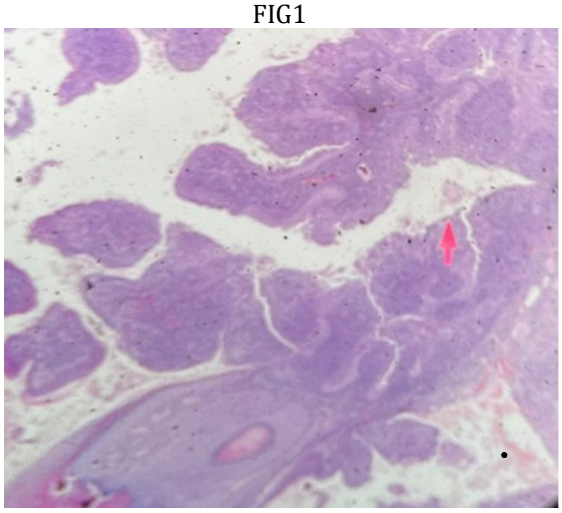

FIG2

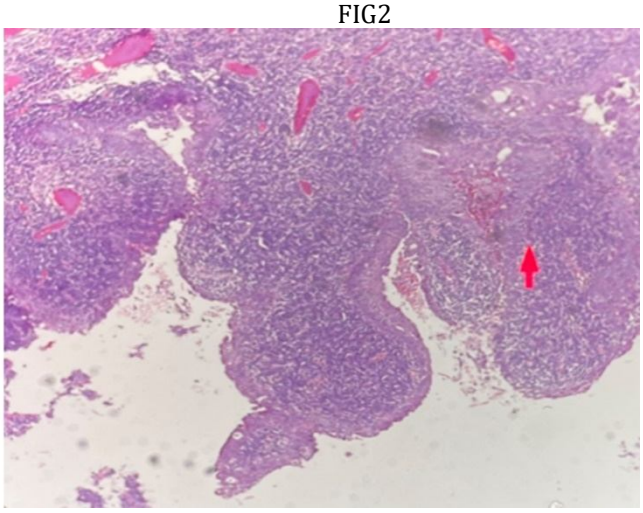

Fig 1 and 2: Photomicrograph of Syringocystadenoma papilliferum showed a nodular lesion with papillomatosis lined by epidermis(10x)

FIG3

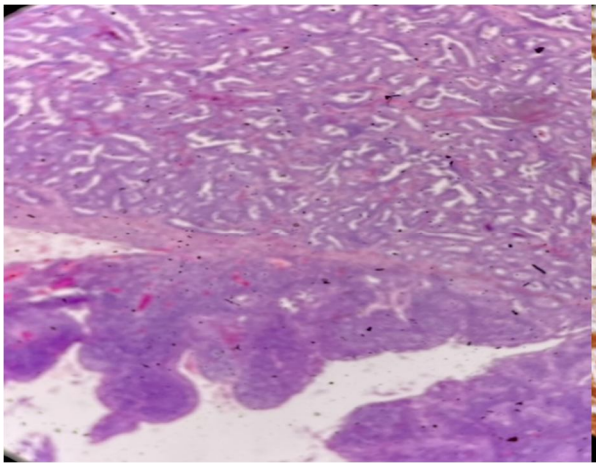

FIG4

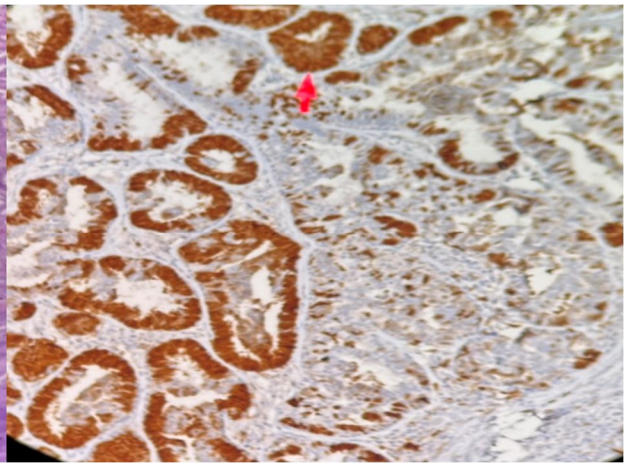

Figure 3 :Hand E of epidermis show papillaelined by inner columnar and outer cuboidal cells with plasma cell infiltrations seen in papillary cores .Dermis show variable sized tubular structures with two layers of cuboidal epithelium, amorphous and granular pink eosinophilic secretion in the lumen (10x)
Figure4:IHC S-100 shows positivity in tubules(40X)

DISCUSSION AND REVIEW OF LITERATURE

Syringocystadenoma papilliferum originates from apocrine or eccrine glands. .Most cases present before puberty [4].We herein describe case in a35 year old female One -third cases show syringocystadenoma papilliferum with a nevus sebaceous. Rarely these lesion can show malignant transformation like Basal Cell Carcinoma (BCC), verrucous carcinoma and squamous cell carcinoma[5][6]. The diagnosis is clinically suspected and histologically confirmed.

Author	Age/Sex	Present Examination	Histopathology	Treatment and follow up
Neha Meena et al [7]	15yrs/male	Presented with asymptomatic, pinkish, raised lesion measuring 0.5x0.5 cms on back since 5 years.	Thickened stratum corneum along with, acanthosis with very dense lymphocytes and histiocytesin dermis .Different size of tubular structures were seen in mid	

			dermis.. With by cuboidal lining. Pink eosinophilic secretions seen in lumen	
Khalid Al Hawsawi et al [8]	25 yr /Male	Presented with a long standing history of lesion on right side of face. Clinically 3x3 cms erythematous plaque on face	Papillomatous downward extensions in epidermis. Dermis showed sheets of epithelial and dilated ducts	Surgical excision.
Shah et al [9]	19yr/female	Presented with ulcerative lesion on scalp since 6 months	Histologically it showed papillomatosis along with cystic invagination	Surgical Excision
Sunil Kumar et al [10]	45yr/female	Presented with pain and discharge from right ear for 6 months. On examination small mass in auditory canal arising from posterior wall.	squamous epithelium lined tissue forming tubules , cyst and papillae .Focal apocrine differentiation seen	

CONCLUSION

Syringocystadenoma papilliferum is a rare benign tumour but as there is the risk of a malignant transformation, complete surgical excision with histological examination is mandatory. Follow up is also necessary to see the recurrence.

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CITATION OF THIS ARTICLE

N Anjum, N Mallik, M Rohilla, S Mahajan, R Sen. A Case Report: Papillary eccrine adenoma associated with syringocystadenoma papilliferum. Bull. Env.Pharmacol. Life Sci., Spl Issue [4]: 2022: 127-129