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CASE REPORT

Chondroid Syringoma: Dermoscopic Features and Diagnostic Challenges – A Case Report

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Abstract

Background: Chondroid syringoma is a rare adnexal tumor that originates from sweat glands. It typically presents as a slow-growing, painless, firm, and well-circumscribed cutaneous nodule, most commonly located in the head and neck region. Dermoscopy, a non-invasive diagnostic tool, can aid in differentiating between possible diagnoses.

Case presentation: In the described case of a 29-year-old man with a 1-cm asymptomatic, firm, pinkish-brown nodule on the upper lip, dermoscopic features included a peripheral erythematous rim, linear whitish streaks, white structureless areas, yellowish crust, and irregular brown blotches. Histopathological examination revealed a biphasic tumor architecture with nests of basaloid epithelial cells and myoepithelial strands embedded in a chondromyxoid stroma, confirming the diagnosis of chondroid syringoma.

Conclusion: This case highlights the supportive role of dermoscopy in suggesting the diagnosis of chondroid syringoma and in excluding major differential diagnoses, particularly nodular basal cell carcinoma, although histopathological examination remains mandatory for definitive diagnosis.

Keywords: Adnexal tumor; Chondroid syringoma; Histology.

1. Introduction

Chondroid syringoma is a rare adnexal tumor derived from the sweat glands. This entity was further defined in 1961 by Hirsch and Helwig, who identified the chondroid form, characterized by the coexistence of an epithelial component within a fibrochondroid stroma [1]. Its clinical presentation is nonspecific and can mimic various benign or malignant tumors, making dermoscopy particularly useful. However, no specific dermoscopic criteria have been established to date in the literature, with data limited to a few isolated cases. We present here a new clinical and dermoscopic observation of chondroid syringoma.

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2. Case Report

A 29-year-old male patient with no prior medical history presented with an asymptomatic lesion that had been evolving for two years on the upper lip. Clinical examination revealed a well-defined, 1-cm nodule with a pinkish-brown coloration, partially eroded surface, and firm consistency, mobile over the deeper tissues on the upper portion of the right cutaneous lip in a Fitzpatrick skin phototype V (Fig. 1). No lymphadenopathy was noted, and the remainder of the general and systemic examinations were normal. The clinical appearance was suggestive of several possible diagnoses, including syringoma, basal cell carcinoma, or nodular hidradenoma.

Fig. 1. Smooth-surfaced, pink pedunculated nodule on the upper portion of the right cutaneous lip.

Dermoscopy performed under polarized light (DermLite DL4, ×10 magnification) revealed a peripheral erythematous rim, linear whitish streaks, white structureless areas, a yellowish crust, and brown blotches, without ovoid nests or arborizing vessels suggestive of basal cell carcinoma. No ulceration, blue-gray veil, or pigmented structures suggestive of a melanocytic lesion were observed (Fig. 2).

Fig. 2. Dermoscopy revealed a peripheral erythematous rim (arrow), linear whitish streaks (triangle), brown blotches (cross), white structureless areas, and a yellowish crust (star).

Histopathological examination of the excised specimen revealed a well-circumscribed dermal tumor with a biphasic architecture, characterized by nests and cords of basaloid epithelial cells surrounded by islands or strands of myoepithelial cells within a chondromyxoid or myxoid stroma. These findings are consistent with a diagnosis of chondroid syringoma (Fig. 3).

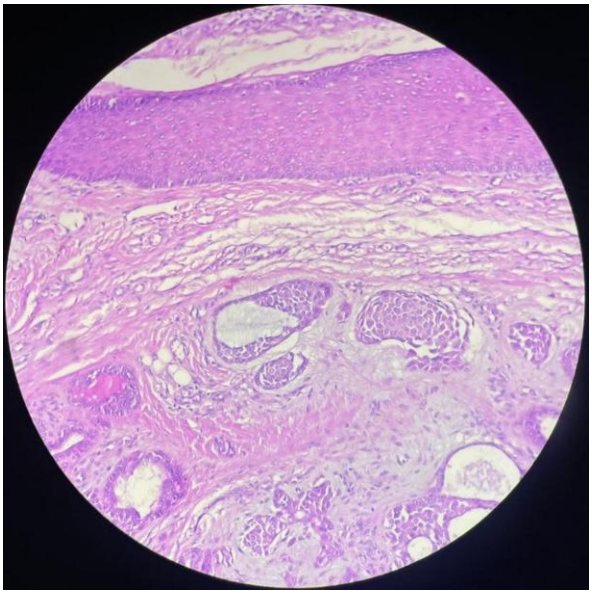

Fig. 3. Histopathology revealing multiple epithelial structures in a chondromyxoid stroma with irregular branching ducts and focal areas of calcification and ossification (Hematoxylin-eosin stain; original magnification: ×10).

3. Discussion

Chondroid syringoma (CS), also known as a mixed tumor of the skin, is a rare benign neoplasm that arises from the sweat glands in the skin. It predominantly affects adults, with a slight predominance in men. The condition typically manifests between the third and sixth decades of life; pediatric cases have been reported [2]. Chondroid syringoma manifests as a single, firm, painless nodule, located primarily in the head and neck region, mainly on the nose, cheek, and upper lip. Sometimes it is found on the trunk, genital area, and extremities. These tumors are rarely multiple or larger than 2 cm, and malignant transformation is very rare. When it occurs in a young woman, measures more than 3 cm, and when it develops on the trunk or extremities, malignant transformation should be suspected [3].

There are no pathognomonic dermoscopic signs of CS due to the small number of reported cases. However, the most frequently described dermoscopic signs of CS are whitish, structureless areas that histologically correspond to the fibrous stroma, telangiectasias, and milia-like cysts that correspond to the dermal keratocyst, pointing to the follicular-sebaceous-apocrine origin of the tumor. An erythematous rim may sometimes be observed at the periphery, curved vessels, homogeneous whitish-blue, brown blotches, marble appearance (mixture of white and red structure) [4]. Analysis of these dermoscopic presentations facilitates the diagnosis of mixed adnexal tumors and helps rule out differential diagnoses, including nodular basal cell carcinoma, nodular hidradenoma, and trichepithelioma [3]. On dermoscopy, nodular basal cell carcinoma in dark phototypes, as in our patient, shows pigmented structures such as ovoid nests, brown and gray dots and globules, as well as tree-trunk vessels. Nodular hidradenoma appears as a homogeneous pinkish, bluish, or brownish area, occupying the entire lesion, with arborizing telangiectasias, polymorphous atypical vessels, and linear irregular vessels [5]. The dermoscopic appearance of trichepithelioma shows bright white areas on a white background and milia-like cysts, as well as small, fine, and well-defined arborizing vessels [5].

Therefore, although dermoscopy does not provide specific diagnostic criteria for CS, it can offer valuable clues for diagnosis. The originality of this case lies in the unusual dermoscopic combination of peripheral erythema, linear whitish streaks, white structureless areas, yellowish crust, and brown blotches, which expands the limited spectrum of dermoscopic features reported for Chondroid Syringoma and highlights the diagnostic value of dermoscopy in this rare adnexal tumor.

The microscopic diagnosis of these lesions is generally simple and accurate. Tubulo-alveolar and glandular structures are observed, with two or more layers of cuboid or polygonal cells arranged in islands within a fibro-adipose, chondroid, myxoid, or hyaline stroma, which stains with PAS and Alcian

blue. The eccrine type has smaller lumens, formed by a single row of cuboid epithelial cells, while the apocrine type has tubular and cystic lumens, branched and lined by two rows of cuboid epithelial cells. The tumor population is typically positive for S-100 protein, cytokeratin, epithelial membrane antigen (EMA), vimentin, actin, glial fibrillary acidic protein (GFAP), and p63 protein [6]. The treatment of choice is complete surgical excision [6].

4. Conclusion

Chondroid syringoma is a rare skin tumor that can mimic other diagnoses, such as basal cell carcinoma and hidradenoma. Although histopathological examination remains essential for definitive diagnosis, dermoscopy may provide useful clues for early recognition by revealing characteristic but non-specific findings, such as whitish structureless areas and superficial vascular structures. Early identification may facilitate appropriate surgical management.

5. Patient Consent

Written informed consent was obtained from the patient for publication of this case report and accompanying images.

6. Ethics Approval

Not applicable.

7. Conflicts of Interest

The authors declare no conflicts of interest.

8. Funding

Not applicable.

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