

Syringoma

Mokhtari F, Azam Moosavi*

Department of Dermatology, Isfahan University of medical sciences, dermatology department, Isfahan, Iran

*Corresponding author:

Azam Moosavi,
Dermatology of resident of Isfahan University
of medical sciences, Isfahan, Iran,
E-Mail: Dr.azam.mosavi@gmail.com

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1. Abstract

Syringoma is a benign eccrine sweat gland tumor affecting mostly females at puberty projected with multiple soft papules usually 1-2 mm in diameter. During puberty, syringoma appears among females; it is presented as multiple soft papules, 1-2 mm in diameter, as a benign eccrine sweat gland tumor. The sites of predilection are lower eyelids, and cheeks. The regions of tendency are cheeks and lower eyelids. Syringoma of the vulvar is a rare disorder few cases of which have been reported in literature.

There were a few studies conducted on vulvar Syringoma. Here we reported two cases. First case, a 47-year-old female presented to gynecology department with vulvar papules but without any symptoms such as vulvar itching and burning since two years that admitted to the gynecology department with no symptoms of vulvar itching and burning since two years.

And second case, a 33- year-old male presented with yellowish and plat topped papules with diameter ranging 1-3mm at posterior and anterior trunk from 5 years ago.

With these symptoms in both patients were referred to a dermatologist for the possibility of warts, and ultimately syringoma was confirmed by biopsy. These patients were referred to a dermatologist to check for possibility of warts; finally syringoma was confirmed by biopsy.

2. Case Report

In this study have 2 patients.

First case, a 47-year-old female admitted to gynecology department with a history of multiple asymptomatic flesh colored papules, without complaints of itching and burning since two months. Our patient had neither a history of taking medication prior to referral

nor any history of medical illness. There were also no similar lesions in first- and second-degree relatives. Apart from the above, there was no problem by examining other organs. On examination, multiple small papules were present on the labia majora.

Multiple small papules, on examination, were found over the labia majora.

Punch biopsy of the vulvar lesion was taken and histopathological examination revealed numerous small ducts lined by double layer of epithelial cells embedded in a fibrous stroma.

After obtaining the vulvar lesion by punch biopsy, histopathological examination was performed and it was shown many small ducts lined by double layer of epithelial cells embedded in a fibrous stroma.

The overlying epidermis was unremarkable and there was no evidence of viral cytopathic effect. Some of the ducts showed small comma-like tails of epithelial cells presenting them with a tadpole shape.

Small comma-like tails of epithelial cells shown by some ducts; and they are such as tadpole shaped.

Based on histopathologic findings, the problem was diagnosed as vulvar syringoma (Figure 1-3).

Second case, a 33- year-old male presented with yellowish and plat topped papules with diameter ranging 1-3 mm at posterior and anterior trunk from 5 years ago.

The patient was referred to a dermatology clinic in Isfahan with a history of multiple asymptomatic papule.

Examination of mucosa nail and hair was normal. The patient should be differentiated the sarcoidosis and histiocytosis (Figure 4-6).

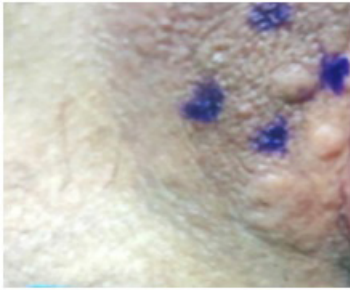


Figure 1: Vulvar syringoma; pallid yellowish, swollen lesions with smooth surfaces

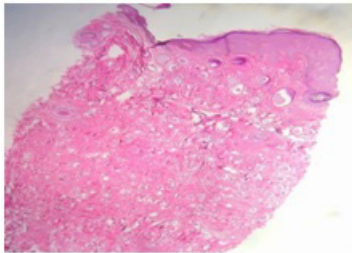


Figure 2: Hematoxylin and eosin, ×10. Proliferation of eccrine ductal structures in the dermis with surrounding fibrotic stroma

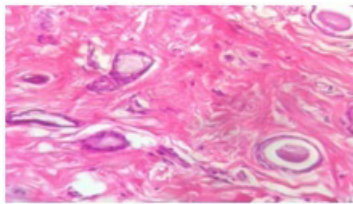


Figure 3: Hematoxylin and eosin, ×40. The wall of the ducts is lined by 2 rows of cuboidal cells with comma-like tails



Figure 4: Bilateral and symmetrical erythematous papula on the trunk



Figure 5: Syringoma on the trunk. Closer view

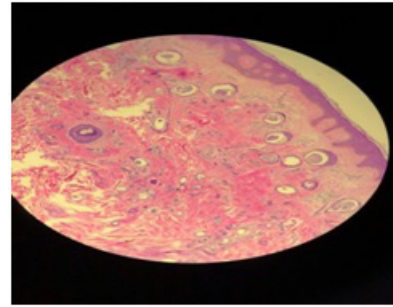


Figure 6: Histological findings: multiple ducts surrounded by fibrous stroma in the superficial dermis. The ducts are filled with amorphous keratinous material. Some of the cells have a tadpole-like configuration

3. Discussion

Syringomas mostly develop in early adulthood, between the ages of 25 and 30. The lesions are removed from women more commonly than men although it is not clear whether this represents authentic gender predilection. There is an increased incidence in Asian populations as well as an association with Down syndrome. Clear cell syringomas are associated with diabetes mellitus [1]. Unusual location for sporadic syringoma such as vulva, palms, and neck are common in familial syringoma cases [2]. In its localized variant, syringoma can be seen with isolated vulvar involvement or associated with periorbital and cheek regions [3]. As Williams and Shinkai [2] reported, eruptive syringoma are mostly distributed over the trunk, neck, and extremities (92.6%) with some identified over the face and neck (7.4%).

In eruptive syringoma, the most distributed sites are trunk, neck, and extremities (92.6%) with some identified over the face and neck (7.4%).

To our knowledge, vulvar syringoma recognized as a nonfamilial eruptive generalized variant, has not been reported in the literature. Vulvar syringoma usually consist of bilateral, small, pruritic, multiple flesh-colored or brownish papules [3]. However, atypical presentation might be seen with nodular, cystic, and tumoral forms. Widespread involvement of the entire vulva is unusual. Other unusual presentations may include clinical mimic Milia, lichen planus and lichen simplex chronicus as well [2-4].

4. Conclusion

Such as vulvar syringoma may be rare, it needs to be considered in the differential diagnosis of any lesions of the vulva.

So differential diagnosis for any lesion of the vulva should be considered.

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