Case Report

Chondroid syringoma of medial canthus – A rare case report

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ABSTRACT

Chondroid syringoma of the skin is a rare, benign skin adnexal tumor, usually exhibited as a slowly growing intradermal or subcutaneous nodule, typically located in the head-and-neck region. Chondroid syringoma usually appears on the face; medial canthus being a rare site of predilection. The diagnosis is usually made retrospectively based on histological features of the surgically excised mass which is usually asymptomatic. We present a rare case of a 35-year-old man who presented with a painless, subcutaneous nodule in the medial canthus of the right eye. The diagnosis of chondroid syringoma was rendered. To the best of our knowledge, only one case of chondroid syringoma of the medial canthus has been documented in the literature. Histopathological examination is mandatory for arriving at the diagnosis. It should be considered in the differential diagnosis of all the slowly growing nodular lesions in the face.

Key words: Adnexal tumor, Chondroid syringoma, Medial canthus

The chondroid syringoma or mixed tumor of the skin is a very rare, slowly growing, painless benign neoplasm of sweat gland origin. This tumor is histologically analogous to pleomorphic adenoma occurring in the salivary gland [1]. It is usually located in the skin of the head-and-neck region. The common sites are the nose, cheek, upper lip, scalp, forehead, and chin. It accounts for 0.48% of the lid tumors [2]. The common age group involved is 20–60 years with male predominance. Chondroid syringoma is one of the rare neoplasms occurring in the adnexal glands of the eyelids [3].

Here, we report the case of a 35-year-old male who presented with a painless subcutaneous nodule in the medial canthus of the right eye. Chondroid syringoma in the face has been documented previously but extensive search of literature revealed medial canthus as a rare site.

CASE REPORT

A 35-year-old male presented with a right-sided subcutaneous nodule in the medial canthus for 6 months. The mass was approximately 1 cm in diameter, non-tender, and mobile with fixity to the overlying skin but not fixed to the underlying structures. The overlying skin was normal.

On examination, his vitals were within normal limit and vision tests were normal.

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Surgery was performed under local anesthesia and the specimen was sent for histopathological examination. Resected tissue from the nodule was received in the department of pathology. Grossly, the nodular mass was 1×1 cm in size and the cut surface was homogenous white.

Microscopic examination revealed a well-circumscribed mass composed of a dual cell population of epithelial and stromal elements (Fig. 1a). Epithelial components were disposed in tubuloglandular pattern which were lined by inner ductal and outer myoepithelial cell layers in a chondromyxoid background (Fig. 2). Keratinous cysts were also noted (Fig. 1b). No features suspicious of malignancy such as cytological atypia, cellular pleomorphism or dysplasia, mitotic figures, infiltrative margins, satellite tumor nodules, or tumor necrosis were found on histology. The diagnosis of chondroid syringoma (benign mixed tumor of the skin) was rendered. There has been no recurrence of the same in the 1-year follow-up and the patient is doing well.

DISCUSSION

Sweat gland tumors in the head and neck are uncommon. Chondroid syringoma was first described by Hirsch and Helwig in 1961 as a rare benign mixed tumor of the sweat glands localized in the dermis or subdermis [4]. The incidence is very low accounting for 0.01–0.098% of cases [5]. Chondroid syringoma usually affects middle-aged male patients over 35 years of age. It occurs most frequently in the head and neck and the common sites are scalp, cheek, nose, upper lip, chin, and forehead. Less commonly

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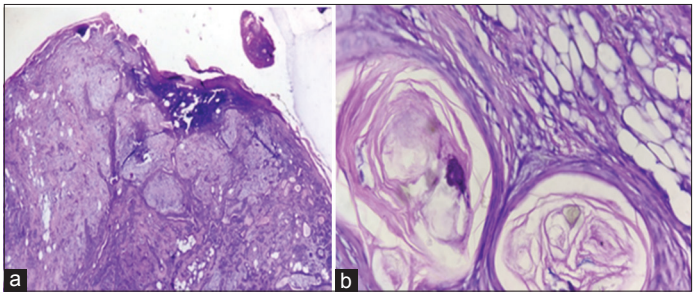

Figure 1: Histopathological examination showing (a) well-circumscribed mass (hematoxylin and eosin [H&E], ×40); (b) keratinous cysts in the stroma (H&E, ×400)

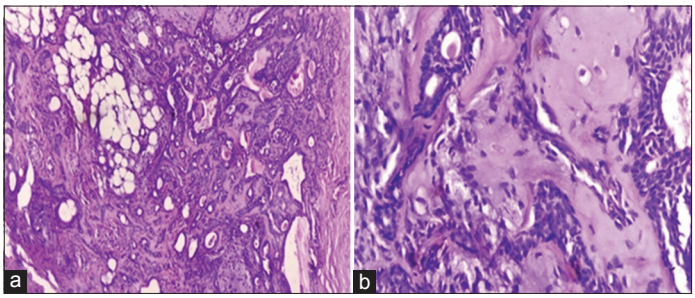

Figure 2: Epithelial and stromal components: Tubuloglandular structures with chondromyxoid stroma (a) hematoxylin and eosin (H&E), ×100; (b) H&E, ×400

this tumor can involve the hand, foot, axillary region, abdomen, penis, vulva, and scrotum [4].

In an extensive study done by Ozdal *et al*. in 228 benign adnexal ocular tumors, pleomorphic adenoma has not been documented in the eyelid [6]. This is in concordance with the findings by Deprez and Uffer *et al*. who conducted a study on 5504 patients with eyelid tumors [7].

It is a slow-growing, non-ulcerated, painless lesion located intradermally or presents as a subcutaneous nodule that may be attached to the overlying skin with no fixation to deeper structures [4], like in our case. Usually, the lesion is firm, however, cystic variants have also been reported [3]. To the best of our knowledge, only one case of chondroid syringoma of the medial canthus has been documented in the literature by Paraskevopoulos *et al*. [4] Chondroid syringoma has been reported at different sites such as cheek, scalp, upper lip, forehead, nose, eyelid, philtrum, and lower back [4].

Malignant transformation is rare but cases have been encountered mostly in women and more common in the extremities. Tumors >3 cm in size have a greater likelihood of malignancy [8]. Usually, the patient does not show any symptoms, and excision is done for a cosmetic reason only. The diagnosis is usually made retrospectively on the basis of histological findings of the excised lesion.

The conditions that may be included in the clinical differential diagnoses are implantation dermoid, sebaceous cyst, compound nevus, clear cell hidradenoma, cystic basal cell carcinoma, neurofibroma, and dermatofibroma [4]. Most of the above-mentioned entities present as a subcutaneous nodule with normal overlying skin with the exception of basal cell carcinoma, which starts as a small brownish-red nodule with translucent color and shiny surface showing a network of capillaries, later become ulcerated with a well-defined, hard, and raised edge with a beaded appearance [9]. Although most are benign, malignant forms have also been reported and unlike its benign counterpart, the malignant form occurs predominantly in females, has no age-related predilection, and is observed more commonly on the extremities [4].

Chondroid syringoma may metastasize in spite of bland cytological features, lacking mitoses, or marked nuclear pleomorphism [10]. Excessive amounts of mucoid matrix and poorly differentiated chondroid components serve as important indicators of the malignancy and metastatic potential of the tumor [11].

Treatment of choice is a local complete surgical excision, because of the risk of malignancy. If the tumor has been completely excised and is benign, long-term follow-up is not indicated. Follow-up is indicated only if the excision is incomplete which may recur or transform into malignancy, which has been very rarely documented in the literature [12]. Other methods of treatment are electrodessication, dermabrasion, and vaporization with argon or CO_2 laser [13]. For malignant lesions, the initial treatment modality is aggressive surgery followed by adjuvant radiotherapy, with or without chemotherapy [8].

CONCLUSION

Chondroid syringoma is a rare, slow-growing, non-ulcerated, and painless mixed tumor of the skin, usually occurring in the head-and-neck regions. Clinicians should be aware of these tumors since they are very rare in occurrence and can be misdiagnosed. It should be considered in the differential diagnosis of all the slowly growing nodular lesions in the face.

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