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ERUPTIVE SYRINGOMA MIMICKING KELOID SCARS: CASE REPORT
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ERUPTIVE SYRINGOMA MIMICKING KELOID SCARS: CASE REPORT

E. S. KOMBO BAYONNE, P. C. ESSOULI and A. GATHSE

SUMMARY

The eruptive syringoma represent a rare variant of syringomas. It is a benign tumour derived from eccrine ductal elements. The disease is manifested by papules that arise on the front side of body, usually in young subjects. The eruptive syringoma is asymptomatic, but it may sometimes be pruritic. We report a 25-year-old woman presented with eruptive syringoma resembling keloids scars.

INTRODUCTION

Eruptive syringoma is a benign tumour derived from eccrine ductal element. It commonly presents as small flesh-colored or brown papules most often on the lower eyelids or rarely on the vulva. Eruptive syringoma is a clinical variant in which the lesions occur in large number on the front side of the body. We describe unusual case of eruptive syringoma resembling keloid scars.

CASE REPORT

A 25-year-old woman, resident of Brazzaville, presented to outpatient department with 15 years history of asymptomatic multiple pigmented lesions.

The lesions were developed in successive crops over a period of five years. After this period, the lesions remained stable. There was no similar history in other family members. Lesions were not improved with topic steroid used during the three month period preceding the medical consultation. The dermatological examination revealed pigmented papules of variable size (5-10 mm in diameter) over the submandibular area, neckline (Figure 1), shoulder and the upper limbs (Figure 2).

Figure 1
Large pigmented papules on the submandibular area and neckline

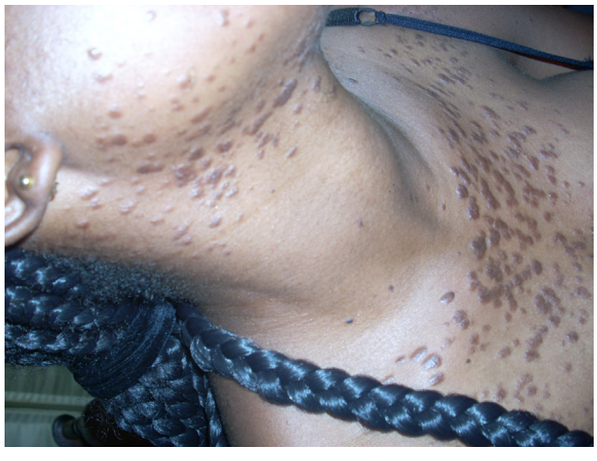
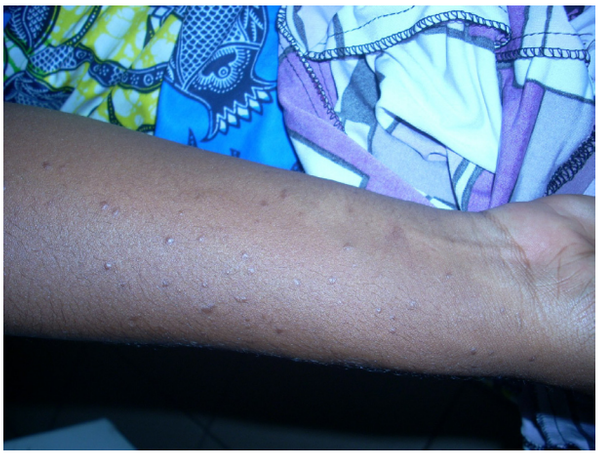


Figure 2
Pigmented papules on the forearm



These lesions looked like keloid scars. The examination of the mucous membranes, hair and nails was normal. The rest of physical examination was also normal. Full blood count, liver tests, renal function tests and glucose were all normal.

Histopathology of one chest lesion revealed a normal epidermis and a benign proliferation of multiples eccrine-type ducts by two rows of cubic cells inside dense fibrous stroma in dermis. In some places, this proliferation formed epitheliale extension. Histopathological features of the skin lesions biopsy were compatible with syringoma.

Treatment options were discussed and explained to the female patient. She agreed to try 0.5% tretinoin cream one time a day. After three months of follow-up, no clinical improvement was observed. The treatment was stopped by female patient.

DISCUSSION

First described by Jacquet and Darier (eruptive hidradenoma) in 1887 (1), eruptive syringoma is a benign adnexal tumour. In classification proposed by Friedman and Butler (2), generalised syringoma includes eruptive and multiple forms. The pathogenesis is still not fully understood. A benign eccrine sweat glands proliferation had been raised. Recent studies suggest that eruptive syringoma may result of a hyperplastic response of the eccrine duct to an inflammatory reaction rather than a true adnexal tumour (3, 4).

The eruptive syringoma is more common in young women than men. The lesions consist of multiple, flesh-colored or brown papules in a bilaterally symmetrical distribution. Papules are usually smaller than 5 mm in diameter. Usually, the lesions are located on the neck, chest, and upper abdomen. The location on the front side and symmetrical appearance were suggestive of eruptive syringoma in our patient. Other exceptional localisations have been described by various authors: such as the forehead, the scalp (5) or pubic areas (6). There is no pruritus but itching may occur after hot bath (7). Eruptive syringoma may mimic trichoepithelioma, xanthomas, hyperplasia of sebaceous glands or warts.

The diagnosis is established by skin biopsy. Syringoma is characterised histologically by the presence of cystic eccrin ductal cells lined by two layers of epithelial cells. In some place, cell proliferation has at one end a prolongation towards the epidermis like tail giving the appearance of tadpole.

During evolution, eruptive syringoma may regress spontaneously. But evolution is unpredictable. This condition often creates an aesthetic discomfort in patients. The treatment is not standardised. It includes electrodessication, dermabration, cryotherapy, laser, chemical peels and topic retinoids (7). The risk of scarring with physical options imposes a reflection in the choice of treatment. We choosed topical retinoid, but no improvement was observed. However, Gomez and al (8) report an effective treatment with 0.5% tretinoin cream in a 23-years-old woman.

The case that we report is an unusual presentation of eruptive syringoma resembling keloid scars. This situation suggests reveals that clinical appearance may look like other dermatologic disorders and diagnostic requires skin biopsy.

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