Case Report

CHONDROID SYRINGOMA DIAGNOSED BY FINE NEEDLE ASPIRATION: A CASE REPORT

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Abstract

Chondroid syringoma, is a rare, benign, skin appendageal tumour. We report here the cytologic features of chondroid syringoma in a 66 year female and recommend the use of FNA in the evaluation of cutaneous and subcutaneous lesions in general.

Keywords: chondroid syringoma, fine needle aspiration cytology, skin tumor.

Introduction

Chondroid syringoma, or mixed tumor of the skin, is an uncommon cutaneous tumor which usually occurs on the head or neck. It usually presents as a firm intradermal or subcutaneous nodule, 0.5 to 3 cm in size.¹

Due to the unremarkable clinical presentation of this rare tumour, the diagnosis is often made after microscopic examination.² They are often overlooked and confused with other types of skin lesions such as dermoid or sebaceous cysts, neurofibromas, dermatofibromas, basal cell carcinomas, histiocytomas, pilomatrixomas, and seborrheic keratosis.

The reported incidence of chondroid syringoma among primary skin tumors is less than 0.01%, up to 0.098%.³⁴

Although our case was of benign nature, malignant forms have also been reported in the literature.⁵⁻⁷ Common locations of metastases include regional lymph nodes (48%), lung and bone.⁸ The treatment of choice for chondroid syringoma is a wide surgical excision. Incomplete removal secondary to the lobulations and satellite lesions is hypothesized to cause local recurrence.⁸

Case report

A 66 years old woman presented with a swelling over the right lower abdomen for a period of about three months. The swelling was painless and measured 2.5X2.5 cm. It was not attached to the underlying tissue and the overlying skin was dark and thinned out (Fig 1). A clinical diagnosis of infected sebaceous cyst was made and fine needle aspiration cytology (FNAC) was performed. FNAC revealed cytologic findings consistent with benign mixed tumor of skin and subsequent biopsy confirmed this diagnosis.

In the aspirated material the predominant feature was a fibrillary chondromyxoid substance in the background, stained orange with Pap stain and purple with MGG (Fig 2 and 3). The aspirates were scantily cellular and consisted of few benign epithelial cells which were dispersed. The cells were relatively small with round or oval eccentric nuclei, fine, evenly distributed chromatin. The cytoplasm was dense, moderate in amount, with well-defined cell borders (Fig 4). Grossly the tumor was nodular and whitish firm on cut surface.

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Pathologic findings

Histopathological examination revealed abundant chondroid stroma along with fibrous areas and epithelial cells forming nests, cords, and as single cells (Fig 5).

Discussion

Chondroid syringoma was first described in 1892 as a skin tumor containing both epithelial and mesenchymal elements. Similar tumors frequently occur in salivary glands, and the same term, mixed tumor, is used for the salivary tumors. In 1961, Hirsch and Helwig proposed a new term, chondroid syringoma, for the description of this skin tumor, and it has been widely used since then. Chondroid syringoma usually affects middle-aged or older male patients. The ages of the patients in various studies at the time of presentation ranged from 2nd to 8th decade with an average age falling in the mid fourties. This entity, however, is also documented in children.

Chondroid syringoma is common on head and neck region especially in adult males. Reports of cases on the trunk, abdomen, back, and extremities are rare. Scrotal, eyelid, vulvar, axillary and cerebral cases are also reported as rare localizations.

Clinical differentiation of chondroid syringoma is difficult for most clinicians because of the silent presentation and rare occurrence of the lesion. Most of the time, the surgeon recognizes the lesion after the histopathologic proof. In our case the diagnosis
was first suspected on needle aspiration cytology and then a histologic confirmation was achieved.

Fine-needle aspiration cytology (FNAC) is a well-recognized diagnostic modality of various organ systems. Cytologic examination of skin tumors and tumor-like conditions is a simple procedure which can be particularly useful both to the patient and to preoperative surgical planning.

Although the cytological diagnosis of common primary cutaneous malignant tumors such as SCC, BCC and melanoma are well documented in the literature, uncommon skin tumors and tumor-like conditions are seldom described from a cytologic point of view. In this study we report the cytologic features of chondroid syringoma an uncommon cutaneous tumors which was also confirmed by subsequent histopathological examination.

It is well known that FNAC is an important preoperative diagnostic procedure. It should therefore be advocated in cases even where there is no prior diagnostic experience so that a diagnosis can be suspected based on cytologic criteria used on histology and subsequent biopsy if proves the diagnosis, a new cytologic criteria is thus created and used.

Literature has shown that in FNAC, an accurate diagnosis of benign and malignant skin lesions can be not only challenging but also sometimes difficult. Because cytology lacks architectural features, it must be admitted that in the context of benign primary cutaneous neoplasms, FNAC has little to offer in terms of taxonomic diagnostic accuracy. On the other hand, it can almost always detect malignancy. FNAC, therefore, plays an important role in the preoperative investigation of skin tumors as well as in the evaluation of a possible recurrence of a previously treated neoplasm.

In conclusion, FNAC of primary skin tumors is a safe diagnostic procedure. In the hands of adequately experienced cytologists, reliable results are accessible on technically satisfactory smears.

The cytologic feature of chondroid syringoma is not a well described entity in the current textbooks of cytology. We therefore present here the cytologic details of our case and emphasize the usefulness of FNA in the evaluation of such lesions.

References