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Chondroid Syringoma of Scalp: A Case Misdiagnosed Clinicoradiologically As Dermoid Cyst

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Abstract

Chondroid syringoma (CS) is a rare tumor of the apocrine or eccrine glands. CS of the scalp is rare, and its clinical manifestations are similar to those of dermoid cyst, which is a common misdiagnosis for this disease.

A 26-year-old woman presented with a 2-month history of an asymptomatic subcutaneous mass on the scalp. The lesions increased progressively over time. Dermatological examination showed that there was a subcutaneous mass, ranging from 2x2 cm in diameter, with a clear boundary. The surface of the skin was smooth without ulceration or scaling. Histopathologic examination was consistent with the diagnosis of CS.

CS is a rare tumor of the apocrine or eccrine glands. It usually presents as a wellcircumscribed and single subcutaneous masses. Histopathology showed the tumor was located in the dermis, with nests, sheets, and cords of basal-like cells, mucin deposition, and chondroid structures. We herein report a case of CS located in the scalp. CS of the scalp is rare, and its clinical manifestations are similar to those of dermoid cyst, for which it is commonly misdiagnosed.

Keywords: Chondroid syringoma,Scalp

Introduction:

Swellings of scalp have heterogeneous clinical spectrum. They can be neoplasm, hamartoma, malformation or cyst. Among these, adnexal tumors noted in small number of patients.

Chondroid syringoma is a benign tumor of epidermal appendages with either eccrine or apocrine differentiation [(1)]. It represents cutaneous counterpart of pleomorphic adenoma of salivary gland [(2)]. Most common site is head and neck [(1)].

Chondroid syringoma of scalp is rare. In this case report we are presenting a rare case of chondroid syringoma of scalp which was diagnosed as a dermoid cyst clinicoradiologically

CASE REPORT

A 26 years old female presented to the surgery department of Indira Gandhi Medical College with complaint of a painless mass over scalp at left parietal region that had been slowly growing for 2 months. The mass was (2x2) cm in diameter and not fixed with underlying structures.

USG

USG was done and it revealed it as dermoid cyst.

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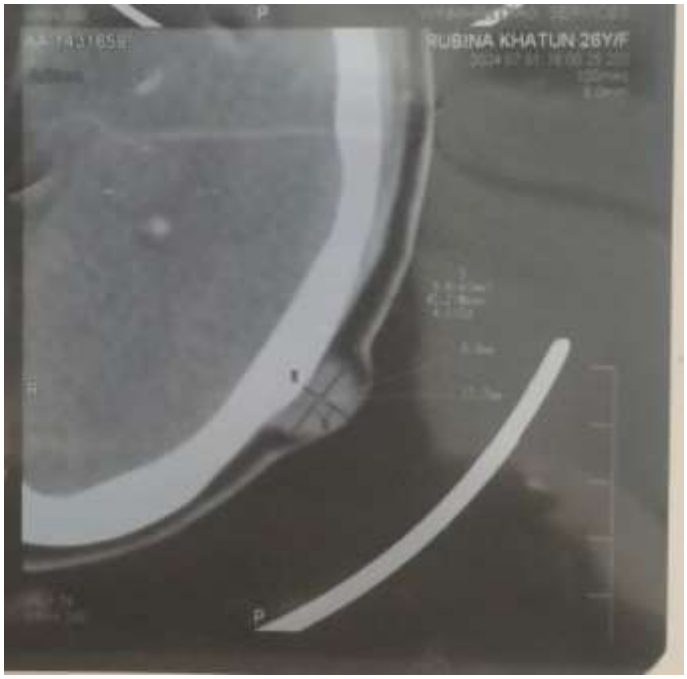
NCCT Head

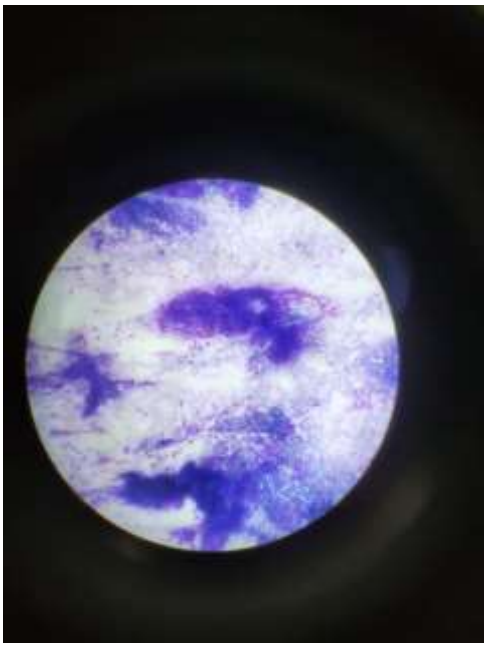
On CT-Scan a well defined scalp SOL without cortical break or intracranial extension was visualized.

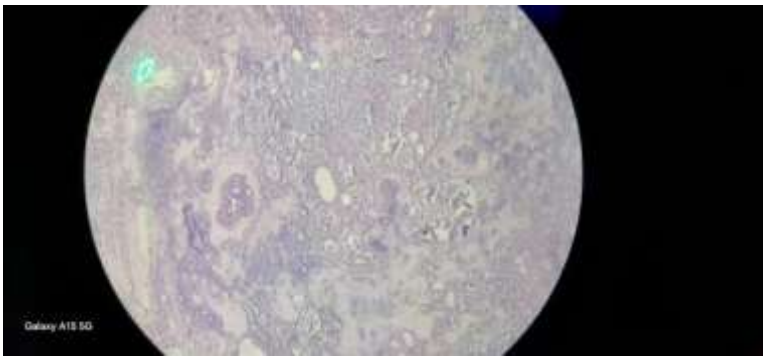


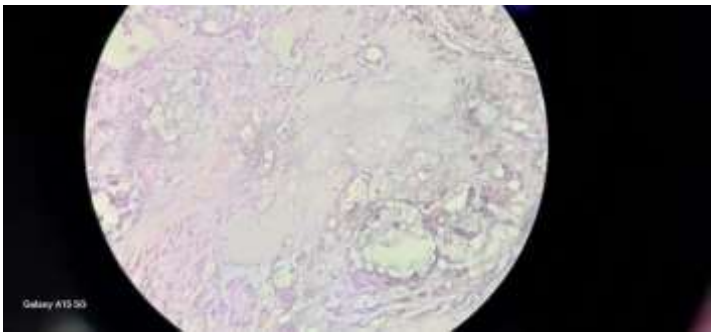
The patient was sent to the department of Pathology for FNAC. FNA was done from the lesion and smears showed moderate cellular yield composed of round to oval epithelial cells with bland nuclei arranged in loose clusters and dispersed population. Some of the cells were embedded in chondromyxoid stromal material.

Background showed large amount of chondromyxoid stromal substance intermixed with elements of blood. Cytological features were suggestive of adnexal neoplasm possibly chondroid syringoma or cylindroma.

Biopsy was done and HPE revealed it as chondroid syringoma







FINAL DIAGNOSIS

The final diagnosis was CS.

TREATMENT

The patient underwent surgical excision of the tumor, which revealed a yellow, smooth, tough mass with a clear boundary and a size of about 3 cm × 3 cm

OUTCOME AND FOLLOW-UP

There was no reoccurrence during the follow-up. No recurrence was found by palpation, and contrast-enhanced ultrasound was available for evaluation if necessary.

Discussion:

Chondroid syringoma is tumor of the epidermal appendages with either eccrine or apocrine differentiation [(1)]. Hirsch and Helwig coined the term chondroid syringoma in 1961[(3)]. Reported incidence is < 0.098%[(4)]. Most commonly involved sites are head and neck region [(1)]. Less commonly extremities, trunk, axillae, scalp, genitalia can be involved [(5)]. In our case the swelling was present on scalp.

Chondroid syringoma usually affects middle aged or older male patients [(5)]. In our observation it occurred in a 26 years old female.

These are slow growing, painless, firm, non ulcerated cutaneous nodules.

They can be misdiagnosed clinically as sebaceous cyst, neurofibroma, basal cell carcinoma etc.

Although chondroid syringomas predominantly are benign, on rare cases they can be malignant. Because of the risk of malignancy first line treatment is total excision of the tumor followed by regular follow up.

Conclusion:

Chondroid syringoma of scalp is rare and its clinical manifestations are similar to those of dermoid cyst, for which it is commonly misdiagnosed. It should always be considered in the differential diagnosis of swellings of scalp. Evaluation of cytomorphological features are usually sufficient for diagnosis, but for confirmation and to rule out other skin adnexal tumors histopathological examination is necessary.

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