

Chondroid Syringoma of the Eyebrow about A Case

Faiçal Choumi^{1*}, Mohamed Amine Ennouhi¹, Mohamed Sina², Lahcen Khalfi³, Mohammed Moumine¹, Mohamed Nassih¹

¹Service of Stomatology, Maxillofacial Surgery and Plastic Surgery

²Anatomopathology service Military Hospital Moulay Ismail Meknes – Morocco Faculty of Medicine and Pharmacy of Fez - Morocco

³Service of Stomatology, Maxillofacial Surgery and Plastic Surgery Military Teaching Hospital Mohamed V Rabat – Morocco

Case Report

***Corresponding author**
Faiçal Choumi

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Abstract: Chondroid syringoma is a rare benign skin tumor that is mainly located on the face and neck. It is characterized by a high risk of recurrence, hence the interest of complete excision and prolonged surveillance. A 42-year-old patient presenting with a subcutaneous benign eyebrow tumor, 8mm in diameter. After the enucleation of the tumor, the anatomo-pathological examination objectified a chondroid syringoma. No recurrence after a decline of 3 years. Chondroid syringoma is a rare tumor of the sweat glands, located mainly at the level of the face and the neck, the treatment is based on a complete exeresis of the tumor. The knowledge of this pathology is important because the possibility of recurrence or malignant transformation exists, hence the interest of a prolonged surveillance.

Keywords: Chondroid syringoma, tumor.

INTRODUCTION

Chondroid syringomas, also called mixed tumors of the skin, are rare tumors of the sweat glands. The term "syringome" comes from the Greek and means "tube"; it recalls the glandular epithelial structure of this tumor, and the word "chondroid" refers to the mesenchymal part [1].

They form intradermal or subcutaneous nodules [2, 3] and are more readily observed in humans at an average age of 50 years [4]. They are usually located at the head and neck (80% of cases) with the preferred site nose, upper lip and eyebrows [2, 3].

It is a dual epithelial and mesenchymal tumor, first described by Billroth in 1859, very similar to mixed tumors of the salivary or lacrimal glands. In 1961, Hirsch and Helwig replaced the term "myxoid skin tumor" with "chondroid syringoma" to differentiate between common mixed tumors of the salivary or lacrimal glands and those of the skin, which are much rarer, originating from the sweat glands [5].

Mostly benign, but the risk of recurrence and malignant transformation exists, hence the interest of knowing this pathology and prolonged surveillance.

CASE REPORT

A 48-year-old woman with no previous history who presented to our consultation for a tumefaction of the right eyebrow head that had been evolving for 1 year, the clinical examination had revealed a subcutaneous nodule of firm, well-defined, 8 mm consistency. diameter, movable with respect to the deep plane slightly adherent to the superficial plane (photo 1).

Given the benign nature of the lesion, the treatment consisted in the enucleation of the tumor under local anesthesia (photo 2), and the histological examination had objectified a chondroid syringoma. Currently, after a decline of three years, no recurrence has been noted.



Photo-1: Front photo showing swelling of the head of the right eyebrow.



Photo-2: Photo showing the operative part: hard mass 6 mm in diameter

DISCUSSION

Chondroid syringomas are rare tumors of the sweat glands representing 0.01% to 0.1% of primary cutaneous tumors [3]. They are more readily observed in men at an average age of 50 years. They are usually located at the head and neck (80% of cases) with the preferred site nose, upper lip and eyebrows [2].

These tumors are in the form of a single nodule subcutaneous and well limited. Their size varies between 0.5 and 3 cm [3]. The main clinical differential diagnosis is represented by epidermal inclusion cyst, amelanotic nevus, sebaceous cyst, dermoid cyst, schwannoma, neurofibroma, pilomatricoma and basal cell carcinoma [5].

From a histological point of view, the characteristic epithelial and mesenchymal components make it possible to establish the diagnosis of chondroid syringoma. The origin of neoplastic cells is debated. Some studies by electron microscopy, immunohistochemistry and enzymatic study have revealed an origin either eccrine or apocrine [1].

Most cases of chondroid syringomas are benign, but there is a malignant form that remains very rare. The tumor is then less well defined and has cell atypias, mitoses sometimes associated with necrosis, and its growth is faster. Atypical or malignant forms are described nascent *de novo* or after incomplete resection [2].

Treatment of chondroid syringoma requires complete excision to avoid possible recurrence. Surgery is often easy because of the good delimitation of the lesion by a capsule. However, because of the lobulation of syringoma, a tumor lobe is sometimes left in place which increases the risk of recurrence and malignant transformation, hence the value of annual postoperative follow-up [1].

In addition, among the few reported cases of benign chondroid syringoma with a follow-up of one to two years, no recurrence was observed after complete excision [2].

In our patient, tumor enucleation was performed because of the benign lesion characteristic, and no recurrence was noted after a current three-year follow-up. However, prolonged monitoring is necessary to detect recurrence or possible malignant transformation.

CONCLUSION

Chondroid syringomas are rare benign skin tumors located mainly in the face and neck, despite the benign nature of the lesions, there is a risk of recurrence and malignant transformation which requires prolonged monitoring.

Conflict of interest : No

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