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Title

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Journal

Dermatology Online Journal, 27(5)

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Publication Date

2021

DOI

10.5070/D327553622

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Giant chondroid syringoma on the upper lip: a case report

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Abstract

Chondroid syringoma is a benign, rare, asymptomatic, slow-growing mixed tumor. Tumors larger than 3cm are considered giant and may be malignant. We present a 65-year-old man with a chronic, indolent, subcutaneous tumor with upper lip deformity. An excisional biopsy was performed under local anesthesia. Based on histopathological analysis, the resected lesion was identified as a chondroid syringoma of the apocrine type. There was no recurrence during the one-year follow-up after surgery. The occurrence of a large chondroid syringoma in the upper lip is rare.

Keywords: benign tumor, chondroid syringoma, skin

Introduction

Chondroid syringoma (CS) is a benign mixed tumor composed of eccrine gland elements in a collagenous stroma. In 1959, Billroth was the first to describe a tumor of the salivary gland with similar morphological characteristics. A century later, in 1961, the terms "mixed skin tumor" and CS were introduced by Hirsch and Helwig [1]. Chondroid syringoma generally is located on the face and neck and may have a chronic and asymptomatic course. It is rare, with an incidence of 0.01% to 0.098% of all primary skin tumors [2]. They are solitary tumors, generally less than 3cm in diameter. The diagnosis is made based on histopathological analysis [3], and the treatment of choice is complete excision [1,3].

Herein, we present a man with a CS of the upper lip that was greater than 3cm and caused a deformity of the region with significant cosmetic impairment.

Case Synopsis

A 65-year-old man, who had no relevant medical history, presented with a 15-year history of an abnormality located on the upper lip. The deformity was a skin-colored, sessile, subcutaneous nodule, 3.5cm in diameter, with solid consistency, telangiectasia, and multiple yellowish areas on its surface (**Figure 1**).

An excisional biopsy was performed under local anesthesia. Histopathological analysis revealed tubuloalveolar and glandular-like structures



Figure 1. Giant chondroid syringoma on the upper lip.

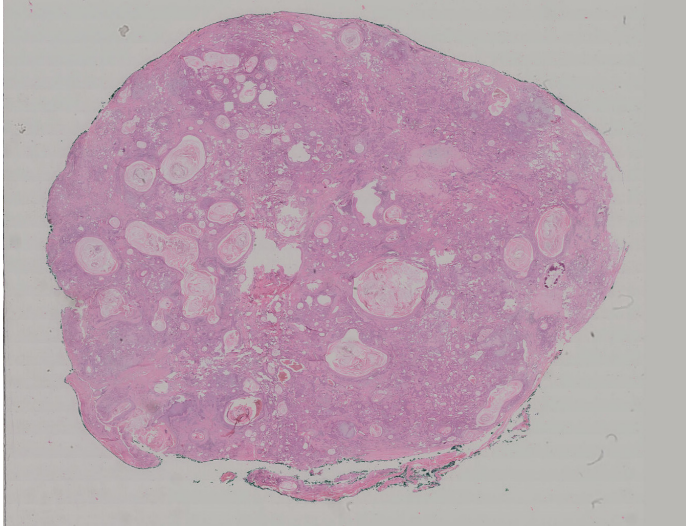


Figure 2. Subcutaneous tumor excised. Panoramic view of a well-circumscribed, non-encapsulated tumor in contact with the edge of the surgical section (green ink). H&E, 40 \times .

arranged as islands within a fibro-adipose, chondroid, myxoid, and hyaline stroma with follicular and sebaceous differentiation (**Figures 2,**

3). Cellular atypia, mitoses, neural and vascular invasion, infiltration to surrounding tissues, and necrosis, were not present. Based on this, CS was diagnosed. There was no recurrence during the one-year follow-up after surgery (**Figure 4**).

Case Discussion

Chondroid syringoma may originate from ectopic tissue of embryological origin that proliferates owing to unidentified factors [4]. The presentation on the lips, soles, and fingers suggests that it may be preceded by trauma [2,4].

The presentation age is between 20 and 60 years and it is more frequent in men than in women with a ratio of 2:1. The most common location is nose, cheek, upper lip, scalp, forehead, chin, eyelids, ear, and neck; it rarely affects the extremities and genitalia [2]. Since 1959 only about 34 cases have been reported [5].

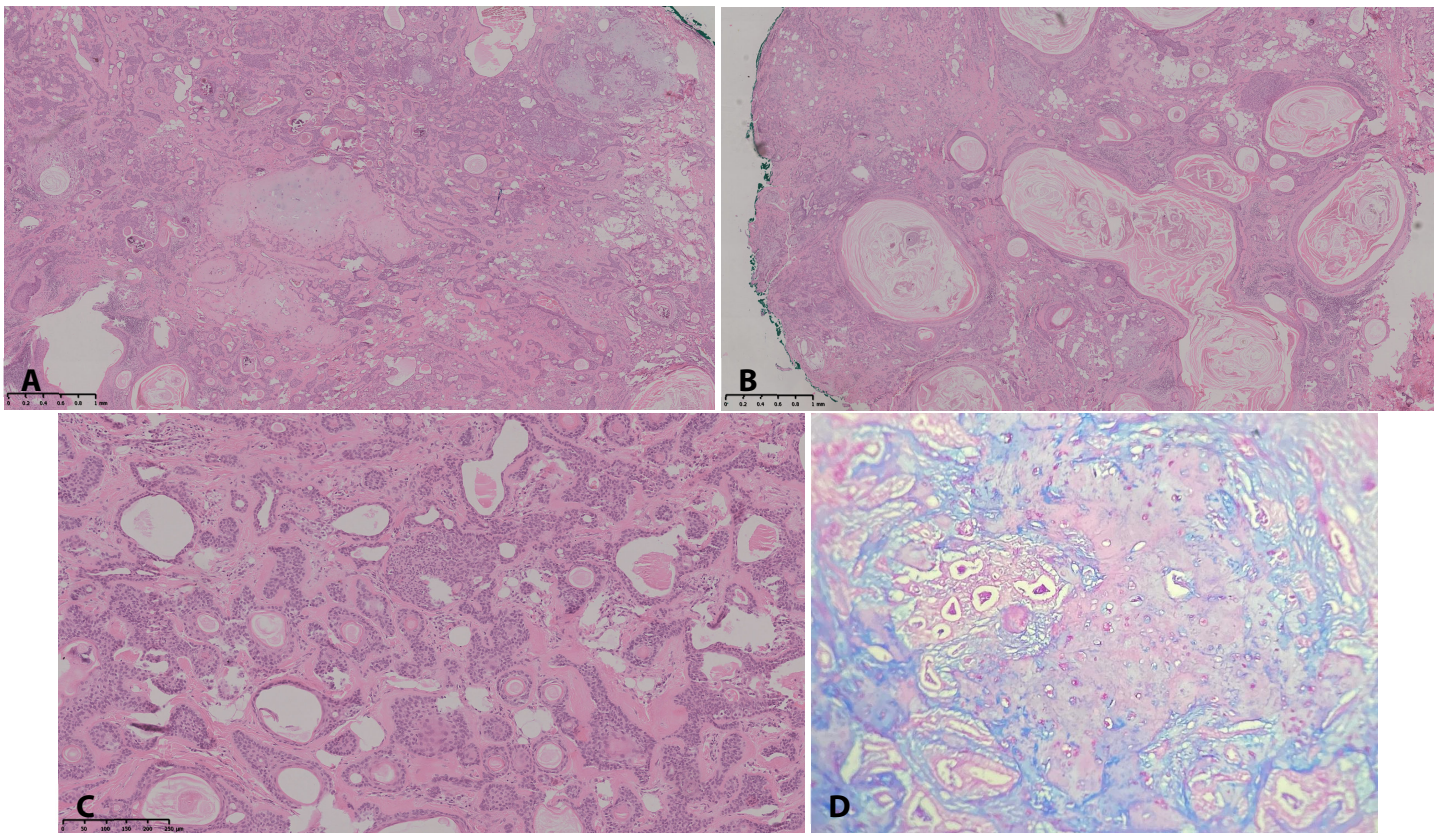


Figure 3. Histopathological analysis of the chondroid syringoma. **A)** Epithelial cords with ductal lumens embedded in a chondroid stroma. H&E, 100 \times . **B)** Ductal cords and presence of keratocysts. H&E, 100 \times . **C)** Neoplasia constituted of tubular structures and lined by cuboidal epithelial cells was observed. H&E, 100 \times . **D)** Chondroid stroma and mucin positive for periodic acid-Schiff-alcian blue staining, 100 \times .



Figure 4. One year after surgical removal without recurrence

Chondroid syringomas usually measure 0.5-3cm in diameter, but those greater than 3cm that occur in covered areas of the body and are called giant CSs [6-8]. Clinically, it is characterized by a subcutaneous tumor, covered by skin with a normal or slightly erythematous appearance. It is indolent with a firm consistency and nodular appearance [9].

The clinical differential diagnosis includes epidermal and/or dermoid cyst, neurofibroma, dermatofibroma, squamous cell carcinoma, histiocytoma, and pilomatrixoma.

Histologically, CS is a well-circumscribed tumor with chondroid stroma and it is classified as either eccrine or apocrine. The eccrine type is characterized by small luminal spaces which are made up of a single line of cuboidal epithelial cells, whereas the apocrine type is characterized by lumens with a tubular and cystic appearance, branched and delimited by two

rows of cuboidal epithelial cells [6,9]. The present case was similar to the apocrine type.

Five histological criteria for diagnosis were proposed [6,9]: 1) cuboidal and polygonal cell nests, 2) intercommunicating tubular alveolar linear structures, 3) ducts composed of one or two rows of cuboidal cells, 4) isolated keratinized cysts (keratocysts), and 5) variable composition matrix.

Chondroid syringomas is a benign tumor with a good prognosis. However, a malignant variant has been described that can appear de novo, from incomplete excision, and in tumors greater than 3cm [2,8,10,11]. Unlike benign lesions, malignant CSs are characterized by local invasion and visceral or bone metastasis. Histopathologically, malignant CSs are characterized by cellular atypia, mitosis, neural and vascular invasion, infiltration into surrounding tissues, and necrosis [12].

Treatment includes complete excision of the tumor while preserving aesthetic and functional units and follow-up for local recurrence and malignancy. In the case of recurrence, wide excision or Mohs surgery is recommended [2,12].

Conclusion

Our patient's 3.5cm in diameter benign tumor was diagnosed and histopathological identified as chondroid syringoma. It was removed and there was no recurrence during the one-year follow-up after surgery.

Potential conflicts of interest

The authors declare no conflicts of interest.

References

1. Hirsch P, Helwig EB. Chondroid syringoma: mixed tumor of skin, salivary gland type. *Arch Dermatol.* 1961;84:835-847. [PMID: 13907712].
2. Girgis S, Gillan G and Piper K. Rare mixed tumour of the upper lip: A case report. *Ann. Med. Surg.* 2015;4:380-383. [PMID: 26904190].
3. Yavuzer R, Basterzi Y, Sari A, et al. Chondroid syringoma: a diagnosis more frequent than expected. *Dermatol Surg.* 2003 29:179-181. [PMID: 12562350].
4. Paik YS and Liess BD. Chondroid syringoma of the scalp: Case report and discussion of clinical features, histopathology, and treatment. *Ear Nose Throat J.* 2011;90:190-191. [PMID: 21500172].
5. Reddy PB, Nandini DB, Reddy S and Deepak BS. Benign chondroid syringoma affecting the upper lip: Report of a rare case and review of literature. *J Oral Maxillofac Pathol.* 2018;22:401-405. [PMID: 30651687].
6. Kakuta M, Tsuboi R, Yamasaki M, et al. Giant mixed tumor of the face. *J Dermatol.* 1996;23:369-371. [PMID: 8675832].
7. Köse R and Okur I. Giant Facial Chondroid Syringoma. *Dermatol Surg.* 2009;35:294-295. [DOI: 10.1111/j.1524-4725.2008.01055.x].
8. Requena L, Sánchez Yus E, Santa Cruz DJ. Apocrine type of cutaneous mixed tumor with follicular and sebaceous differentiation. *Am J Dermatopathol.* 1992;14:186-94. [PMID: 13051687].

- 1380780].
9. Tokiol C, Aktepe F, Yavas BD, et al. Chondroid Syringoma. A case report. *Acta Cyto.* 2010;54:973-976. [PMID: 21053580].
 10. Villalón G, Monteagudo C, Alonso V, et al. Siringoma condroide: revisión clínica e histológica de ocho casos. *Act Dermo-Sifiliográf.* 2006;97:573-577. [DOI: 10.1016/S0001-7310(06)73468-8].
 11. Nguyen CM and Cassarino DS. Local recurrence of cutaneous mixed tumor (chondroid syringoma) as malignant mixed tumor of the thumb 20 years after initial diagnostic. *J Cutan Pathol.* 2017;44:292-295. [PMID: 28035707].
 12. Hudson LE, Craven CM, Wojno TH, and Grossniklaus HE. Giant Chondroid Syringoma of the Lower Eyelid. *Ophthal Plast Reconstr Surg.* 2017;33:e43-e44. [PMID: 27203613].