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Dermatology

Dermoscopy of De Novo Syringocystadenoma Papilliferum

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Abstract | **Case Report**

Syringocystadenoma papilliferum is a uncommon benign cutaneous tumor seen to arise from the pluripotent cells with the potential to exhibit either apocrine or eccrine lineage. We report the dermoscopic features of a case of de novo syringocystadenoma papilliferum. Clinically the lesion was characterised by a nodular and crusted surface. Dermoscopically, yellowish-white structures were the prevalent feature.

Keywords: dermoscopy; syringocystadenoma papilliferum.

CASE REPORT

A 36-year-old healthy man presented with a 10-years history of an asymptomatic, slow growing lesion on the frontal area. Physical examination revealed a 12 mm brown plaque with a nodular and crusted surface (Fig 1).

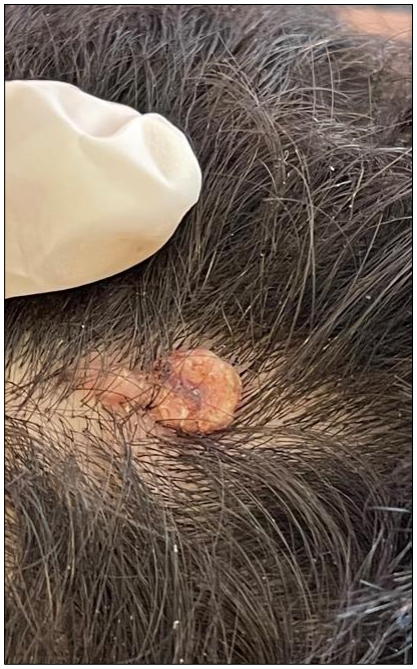

Figure 1: A 12 mm brown plaque with a nodular and crusted surface

Dermoscopic examination of the lesion using DermLite DL4 (3Gen, San Juan Capistrano, California, USA) was done and images were captured with DermLite MCC adapter. Dermoscopy revealed yellowish-white structures, with hemorragic crusts on an erythematous background. No polymorphous vessels were noted (Fig 2).

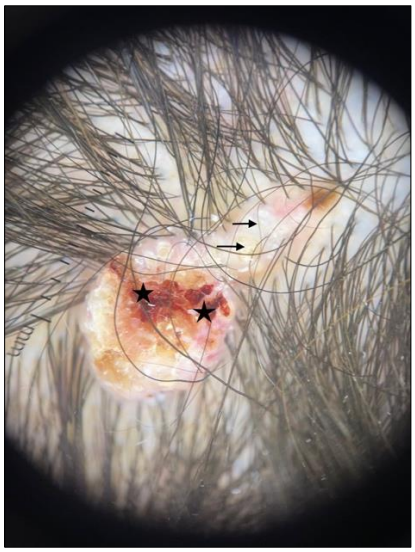

Figure 2: Yellowish-white structures (black arrows), with hemorragic crusts (black asterisks) on an erythematous background. (DermLite DL4, 10×, polarized mode, 3Gen, San Juan Capistrano, California)

Histologic examination showed invagination of surface epithelium and irregular papillary projections, the mucosa of which was made up by a double layer of cuboid cells. This feature was compatible with a SCAP (Fig 3).

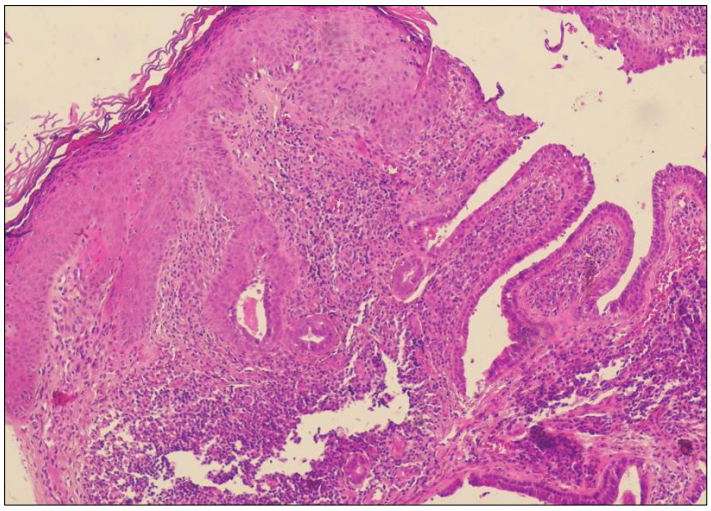

Figure 3: Histologic examination showing invagination of surface epithelium and irregular papillary projections, the mucosa of which was made up by a double layer of cuboid cells (Hematoxylin-eosin stain; original magnification/ X 100)

DISCUSSION

SCAP is an uncommon benign cutaneous tumor seen to arise from the pluripotent cells with the potential to exhibit either apocrine or eccrine lineage, although apocrine differentiation is more common. It usually involves the head and neck area, taking its origin either de novo or from a preexisting nevus sebaceous in 30% of the cases [1].

Three clinical types of SCAP have been described: plaque like our case, linear and solitary nodule types [1].

The most common dermoscopic findings in a SCAP are exophytic papillary structures, followed by a central depression, ulceration and polymorphic vessels (hairpin vessels, glomerular and linear vessels). Yellowish-white structures have been described in cases of SCAP with nevus sebaceous due to the sebaceous component [2].

Chauhan et al have described yellowish areas within the ulceration of a linear SCAP de novo that may represent sites of secretion of the tumor, also found in our case [1].

We aim to emphasize that the dermoscopic examination can be an extremely valuable and noninvasive tool in the orientation of diagnosis of a SCAP. Histologic analysis remains key to confirming the diagnosis.

ABBREVIATIONS USED

SCAP: syringocystadenoma papilliferum.

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None

FULL CONFLICT OF INTEREST STATEMENT

The authors have no conflicts of interest to disclose.

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