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Case Report

Chondroid Syringoma of Nose with Trauma: A Rare Case with Atypical Presentation

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Abstract

Introduction: Chondroid Syringoma of nose is a rare benign mixed tumour of head and neck region originating from the sweat glands having low incidence of 0.01 to 0.098%. It presents as slow growing, painless subcutaneous, non ulcerating mass or nodule.

Objectives: To describe the rare case of chondroid syringoma of the nose presented in our hospital after traumatic injury of nose. To elaborate clinical, radiological and histological features of chondroid syringoma

Methods: Case presentation of the patient with a mass at left ala & supra tip area of nose with history of trauma was studied. History & clinical examination, imaging studies and histopathology of specimen were reviewed. Similar literatures of the cases were reviewed.

Results: A 24 years male patient with history of slow growing mass at left ala and supra tip area of nose for 8 years presented in hospital after physical assault with bleeding from the nose and lacerated wound at nose. On examination lacerated wound with firm, lobulated whitish mass of size 4cm x 3cm at left ala of nose. CT scan of Nose and Paranasal Sinus (PNS) showed high density lesion without any bone erosion and other deformity. Wide local excision of mass was done under general anesthesia with primary closure of the wound. Histopathological examination of specimen revealed chondroid syringoma. No complications and recurrence occurred during the follow up period.

Conclusion: Chondroid Syringoma of the nose presents as slow growing mass which usually does not bother the patient to seek the medical attention. Wide local excision with clear margins is required to avoid any recurrence.

Keywords: Benign Tumour; Chondroid Syringoma; Nasal Trauma

Introduction

Chondroid Syringoma of nose is a rare benign mixed tumour of head and neck region originating from the sweat glands having low incidence of 0.01 to 0.098% [1]. It presents as slow growing, painless subcutaneous, non ulcerating mass or dermal nodule mostly on the head and neck regions. Unusual locations are extremities or axilla, trunk, abdomen, extremities and genital region [3]. They occur more frequent in middle aged or older male patients than female patients [4]. We report an unusual case of chondroid syringoma of the nose with atypical presentation.

Objectives

To describe the rare case of chondroid syringoma of the nose presented in our hospital after traumatic injury of nose. To elaborate clinical, radiological and histological features of chondroid syringoma

Methods

Case presentation of the patient with a mass at left ala of nose with history of trauma was studied. History & clinical examination, imaging studies and histopathology of specimen were reviewed. Similar literatures of the cases were reviewed.

Case Presentation

A 24 years male patient with history of slow growing mass at left ala of nose for 8 years presented in hospital after physical assault with bleeding from the nose and lacerated wound at nose. There was no previous history of trauma or surgery to the area. On examination there was lacerated wound with firm lobulated, non tendered, whitish mass of size 4 cm x 3 cm at left ala of nose. CT scan of Nose and Paranasal Sinus (PNS) showed high density lesion without any bone erosion and other deformity.

Wide local excision of mass was done under general anesthesia with primary closure of the wound. Histopathological examination of specimen revealed plenty of cartilagenous and myxoid tissue with islands and nests of epithelial cell with formation of horn pearls. Skin pieces were unremarkable. No complications and recurrence occurred during the follow up period of 4 years.

Discussion

Chondroid syringoma is slow growing, asymptomatic, firm, painless and well circumscribed subcutaneous or intracutaneous nodule of size varying from 0.5 cm to 3 cm [1,2]. Hirsch and Helwig coined the term "chondroid syringoma" because of presence of sweat gland elements set in a cartilaginous stroma [5]. Large tumours are extremely rare which may ulcerate and bleed [6].

Chondroid syringoma is often confused with other types of skin tumours such as dermoid cyst, sebaceous cyst, neurofibroma, dermatofibroma, basal cell carcinomas, pilomatricomas, and seborrheic keratosis [7]. The definitive diagnosis is made upon histopathological examination. Histologically chondroid syringoma consists of mixed epithelial and mesenchymal elements with epithelial cells arranged in cords and forming tubules with a myoepithelial layer, set in a myxoid or chondroid stroma [1].

Hirsh and Helwig proposed five histological criteria for diagnosis: (1) Nests of cuboidal or polygonal cells. (2) Intercommunicating tubuloalveoloar structures lined with two or more rows of cuboidal cells. (3) Ductal structures composed of one or two rows of cuboidal cells. (4) Occasional keratinous cyst. (5) A matrix of varying composition. Chondroid syringoma may have all five characteristics or manifest only some [5].

Despite many modalities of treatment like electrodessication, dermabrasion and vaporization with argon or CO_2 laser, total excision is the first line of treatment [1]. Recurrence does not occur if it is completely excised. Recurrence have been reported in 2.4 to 10 percent of cases [9].

Malignant chondroid syringomas are very rare, occurring mostly in young female patients occurring on the trunk or extremities; tumours are often larger than 3 cm and are locally invasive, with rare metastasis to the bones and visceras [9]. Histological findings as cytologic atypia, increased mitotic figures, and tumour necrosis are signs of malignant transformation [9]. For malignant chondroid syringoma, the treatment of choice is wide excision and adjuvant radiation therapy with or without chemotherapy [9].

Figure 1: Preoperative photo of patient showing mass with trauma at nose

Figure 2: Postoperative photo with wound closure after wide local excision

Figure 3: Gross examination of excised solid encapsulated mass

FIgure 4: Histological examination demonstrating plenty of cartilagenous and myxoid tissues with islands of nest of epithelial cells

Conclusion

Chondroid Syringoma of the nose presents as slow growing mass which usually does not bothers the patient to seek the medical attention. Wide local excision with clear margins is required to avoid any recurrence. Functional and aesthetic units should be maintained. The specimen should be examined closely to confirm the diagnosis and rule out malignancy.

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