Chondroid Syringoma of Nose

BV Chandregowda, SG Smitha, Sakshi Bhardwaj, Thejasvi Krishnamurthy

ABSTRACT
Chondroid Syringoma is a rare cutaneous tumor which usually arises in middle age with predilection for head and neck region. We report a case of chondroid syringoma of nose with review of literature.

Keywords: Mixed tumor, Skin.

How to cite this article: Chandregowda BV, Smitha SG, Bhardwaj S, Krishnamurthy T. Chondroid Syringoma of Nose. Clin Rhinol Int J 2012;5(1):30-31.

INTRODUCTION
Chondroid syringoma is a rare mixed tumor of skin that was first described by Hirsch and Helwig. Its incidence is low and has been reported at 0.01 to 0.098%. It is typically located on the head and neck and present as nonulcerating, slow-growing, subcutaneous or dermal nodule. Characteristically, it is composed of proliferation of epithelial cells set in a myxoid and chondroid matrix.

CASE REPORT
A 55-year-old female patient presented with a painless, firm, nodular growth measuring 1.5 × 1.5 cm at the rim of right nasal vestibule since 3 years (Figs 1 and 2). The growth was initially noticed as a small papule which progressively grew to the present size. The appearance and consistency mimicked a keloid. The lesion was excised under local anesthesia. Histopathological examination revealed islands and nests of epithelial cells in the mid dermis. Islands showed eosinophilic matrix in center. Adjacently semichondroid matrix with entrapped mesenchymal cells resembling hyaline cartilage was noted. Occasional keratinous cysts were also seen. Patient is on regular follow-up without any recurrence (Figs 3A and B).

DISCUSSION
Chondroid syringoma is a rare tumor also known as mixed tumor of the skin. The first case is believed to have been reported by Nasse in 1892. In 1961, Hirsch and Helwig reported a large series in which they coined the term chondroid syringoma for these tumors, owing to the presence of a sweat gland-like epithelial component and frequent cartilaginous-like stroma. The incidence of chondroid syringoma is reported at 0.01 to 0.098% with 2 to 3:1 male-female ratio. It usually arises in middle age predominantly in the head and neck area. Clinically, it presents as a slow-growing, nontender, firm, dermal or subcutaneous nodule or papule. It is usually adherent to the overlying epidermis with no fixation to the underlying fascia.

Hirsh and Helwig proposed five histological criteria for diagnosis: (1) Nests of cuboidal or polygonal cells. (2) Intercommunicating tubuloalveolar 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 cysts. (5) A matrix of varying composition. Chondroid syringoma may have all five
Surgical excision, including a margin of normal tissue with it, is the treatment to control regrowth as it has high chances of recurrence.

REFERENCES


ABOUT THE AUTHORS

BV Chandregowda
Professor and Head, Department of ENT, Kempegowda Institute of Medical Sciences, Bengaluru, Karnataka, India

SG Smitha (Corresponding Author)
Assistant Professor, Department of ENT, Kempegowda Institute of Medical Sciences, VV Puram, Bengaluru-560004, Karnataka, India
Phone: +91-9901904836, e-mail: smitha_praveen@hotmail.com

Sakshi Bhardwaj
Postgraduate Student, Department of ENT, Kempegowda Institute of Medical Sciences, Bengaluru, Karnataka, India

Thejasvi Krishnamurthy
Assistant Professor, Department of Pathology, Kempegowda Institute of Medical Sciences, Bengaluru, Karnataka, India

characteristics or manifest only some. Few malignant forms of this tumor have been reported. Excessive amounts of mucoid matrix and poorly differentiated chondroid components serve as important indicators of the tumor’s malignancy and metastatic potential.