

Syringocystadenoma of the eyelid: a case report

Mangombe S¹, Masanganise R¹, Bopoto S², Madziwa D²

¹University of Zimbabwe, Department of Ophthalmology, P.O. Box A178 Avondale, Harare, Zimbabwe

²University of Zimbabwe, Department of Pathology, P.O. Box A178 Avondale, Harare, Zimbabwe

Corresponding author: Dr. Saiko Mangombe, Department of Ophthalmology, University of Zimbabwe, P.O. Box A178 Avondale, Harare, Zimbabwe. Email: drmangombe@gmail.com

ABSTRACT

Syringocystadenoma papilliferum (SCAP) is a rare, benign tumour with varied presentations that arises from the apocrine glands and at times can lead to a diagnostic dilemma. Eyelid SCAP is exceedingly rare. The lesion is frequently misdiagnosed as basal cell carcinoma or cyst or squamous cell carcinoma. We report a case of SCAP diagnosed after histological examination.

Key Words: Syringocystadenoma papilliferum, Basal cell carcinoma, Squamous cell carcinoma, Eyelid tumour

INTRODUCTION

Syringocystadenoma papilliferum is a rare benign hamartomatous adnexal tumour¹ that can rarely affect eyelid skin². It thus presents a diagnostic dilemma, whereby it is usually misdiagnosed clinically as either basal cell carcinoma or squamous cell carcinoma since its clinical features are fairly non-specific². Although syringocystadenoma papilliferum of the eyelid can be associated with other benign lesions, no malignant transformation or association with malignant neoplasms has been reported and management should be conservative complete surgical excision^{1,2}.

CASE REPORT

A 52 year old female presented at SekuruKaguvi Hospital Eye Unit, Parirenyatwa Group of Hospitals with a mass on the left medial aspect of the lower eyelid near the punctum. She had the mass for the past 5 years and there was gradual increase in the size of the tumour. The main reason for presenting was the cosmetic concern and irritation she had recently developed.

Physical examination revealed a solitary, round, fleshy nodular mass measuring about 0.4cm X 0.4cm. (Figure 1A). The lesion looked lighter than the rest of the eyelid skin with some hyperkeratotic areas on its surface with a central umbilication. The posterior lamellar of the eyelid was not involved and the mass was not attached to deeper skin structures. She had several warty hyperpigmented growths on her lower eyelids and cheeks. There was no regional lymphadenopathy. A pterygium was also noted in the left eye. The rest of ocular examination (including that of the right eye) and general physical examination was unremarkable.



Figure 1A and B. In A, there is a nodular, fleshy and round mass with central umbilication on the lower eyelid. A pterygium can also be seen. In B, the defect after excision

Provisional diagnosis of a basal cell carcinoma was made and the patient was advised to have excision biopsy of the lesion done. The mass was excised in theater under local anaesthesia with a 2mm margin of healthy skin. A full thickness excision was done creating a defect (looks like <1/3) of the eyelid. Primary closure was therefore successfully done with 5/0 silk suture at the grey line of the lid margin followed by 6/0 vicryl suture in two layers up to the skin (Figure 2 after repair).



Figure 2: Appearance post-operative

The histology of the excised lesion showed acanthotic skin with a cystic lesion with papillary projections. The papillae were lined by a layer of columnar cells with an underlying layer of cuboidal to attenuated cells. Within the stroma, numerous plasma cells were seen. The lesion was continuous with the epidermis (Figure 3A and B at different magnifications). The findings were consistent with a diagnosis of syringocystadenoma papilliferum of the eyelid.

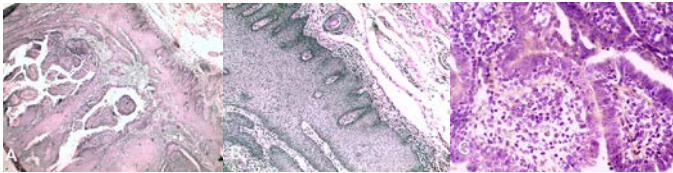


Figure 3A and B: Lower magnification showing cystic spaces with papillary projections. C, at higher magnification, showing that the papillae are lined by two layers of epithelium (columnar and cuboidal)

DISCUSSION

Syringocystadenoma papilliferum (SCAP) is a rare benign skin tumour, it is even rarer on locations like the eyelid². SCAP was first described by Stokes in 1917 when it was termed "Nevus Syringocystadenoma papilliferum"³. It is believed to arise from apocrine or eccrine adnexal structures⁴⁻⁶.

The tumour can be present at birth, adolescence and in adults. Usually a clinical diagnosis of basal cell carcinoma or squamous cell carcinoma of the eyelid is made before a histological specimen confirms a SCAP². In a series of 14 patients, most cases had a preoperative diagnosis of basal cell carcinoma or cyst. None of the lesions was associated with a malignant neoplasm⁷.

Cauliflower like, verrucous, papillary, hyperkeratotic, or sometimes moist fleshy excrescences have also been described². Some tumours may show central umbilications⁸ as in the presented case. Most of the lesions develop and enlarge slowly, although a few can increase significantly within a short period. Also, the lesion can develop ulceration and secondary infection².

The most frequent sites are the scalp, neck and face (75%), with already reported uncommon sites: eyelids, arms, buttocks, auricular pavilion, scrotum, vulva, back and abdomen which are very rare locations^{5,6}. SCAP has been associated with sebaceous nevus of Jadassohn in scalp locations⁹.

Squamous cell carcinoma and syringocystadenocarcinoma papilliferum were also reported as a progression of SCAP, but are extremely rare¹⁰. Treatment is usually surgical excision, but there are cases in which

removal was effective with CO₂ laser in locations unfavorable for surgery⁵.

CONCLUSION

This is the first reported case of syringocystadenoma papilliferum seen on a black Zimbabwean. The condition is benign and very rare, forms part of differential diagnosis to eyelid growths and is usually misdiagnosed as malignant basal cell carcinoma or squamous cell carcinoma and requires conservative surgical treatment.

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