Syringocystadenoma Papilliferum on the Thigh: An Unusual Location

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A 20 year old female came with a partially eroded growth on anterior of right thigh of 15 years duration. Initially small papules were seen and gradually grew in size. There was no history of discharge or pain. Since last 1 year lesion became more noticable and ulcerated some local medications were applied but lesion never subside. Now pain with blood tinged discharged that stained clothes on examination, Soft verrucous nodules were seen on anterior aspect of thigh. The lesion were circumscribed with few papules seen on border with coalescing verrucous appearance. No regional lymphodenopathy was noted. A working diagnosis of traumatised wart, verrucous tuberculosis and pyogenic granuloma was considered. Haemogram was normal. Mantoux test and X-ray of chest revealed no abnormality. The nodule was excised and sent for Histopathology (fig.-1)

The Histopathological section showed hyperplastic epidermis with cystic invagination into the dermis. The epidermis shows hyperkeratosis which is prominent. The invaginations were lined by squamous epithelium near the surface, with transition to a double layer of cuboidal and columnar epithelium below (fig. 2)

Multiple papillary projection were noted in the lumen of cystic invagination. A dense inflammatory infiltrate composed of plasma cells and a few lymphocytes was noted within the papillae and in underlying dermis (fg 3)

DISCUSSION

Syringocystademona papilliferum (scap) is a benign adnexal neoplasm occuring during childhood or adolescence. It usually presents as a papular lesion or a smooth hairless plaque on the scalpe and forehead. Nodular or verrucous transformation is noted at puberty. The microscopic appearance is characteristic and shows duct connecting to the surface, containing papillary processes and lined by two epithelial cell layers. Seventy five percent of the cases are reported in head and neck region (1) .

Uncommon sites include chest, arms, breast, eyelids, axilla, scrotum, ***lower limb*** ingunial and perianal regions (2). Most of these are sporadic cases diagnosed on histopathology, clinical presentation being non-specific and misleading. Although an apocrine origin has been postulated, scap is rare in the axilla. Ninety percent of the cases are observed in anatomic sites normally devoid of apocrine elements.

Scap is rare on thigh. First case of scap was described on the thigh by stokes in 1917, sporadic cases are seen on lower legs (3) and toes.

Coexisting basal cell carcinoma is noted in 10% of the cases association with condylomata accuminatum has been described (4) Syringocystadenocarcinoma papilliferum is the malignant counterpart.

Helwig and Hackney (5) have suggested that the lesion represents an adenoma of eccrine duct origin or intermediate between apocrine and eccrine i.e. apoeccrine glands.

Surgical excision was done the only treatment and confirms the diagnosis by histopathology.

To conclude onset at puberty should alert one to the possibility of the unusual location of scap.

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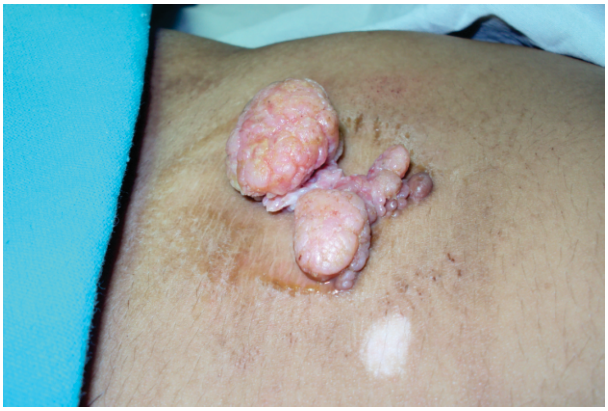

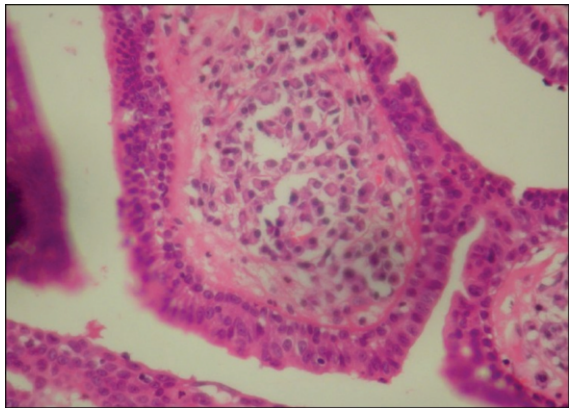

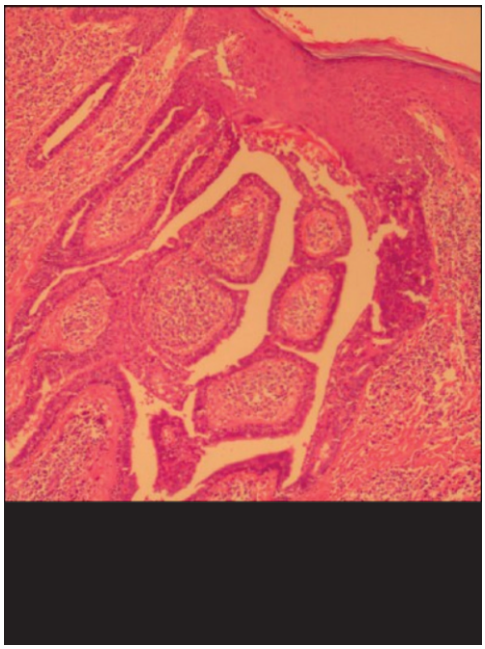

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