

Syringocystadenoma Papilliferum of the Eyelid, an Unusual Presentation: A Case Series

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Key words: syringocystadenoma papilliferum, adnexal tumor, eyelid, dermoscopy

Citation: Loza-Escutia O, Godínez-Chaparro JA, Guevara Castillo RM, Quintal-Ramírez MJ, Quispe Susara EN. Syringocystadenoma Papilliferum of the Eyelid, an Unusual Presentation: A Case Series. *Dermatol Pract Concept.* 2023;13(4):e2023239. DOI: <https://doi.org/10.5826/dpc.1304a239>

Accepted: May 1, 2023; **Published:** October 2023

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Funding: None.

Competing Interests: None.

Authorship: All authors have contributed significantly to this publication.

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Introduction

Syringocystadenoma papilliferum (SCAP) is a benign adnexal tumour originated from the apocrine and eccrine glands [1]. It may grow de novo or from another preexisting adnexal tumor.¹ The eyelid topography is extremely unusual [2].

Case Presentation

Case #1

An 80-year-old Mexican female presented a lesion of 3 years of evolution on the medial margin of the left upper eyelid. She had an itchy, coarse, crusted, solitary nodule, measuring 0.6 x 0.3 cm (Figure 1A). A dermoscopic examination (10x) revealed a lesion with monomorphous septated

vascular structures surrounded by a whitish halo (Figure 1B). Histologic examination demonstrated several cystic and ductal invaginations spreading from the epidermis and papillary projections covered by a double row of epithelial cells (Figure 1C), the stroma had countless plasma cells. It was diagnosed as a SCAP and completely resected.

Case #2

A 51-year-old Mexican male presented a lesion of 10 years of evolution localized on the lateral margin of the left lower eyelid. He had an itchy, erythematous, rough, solitary nodule, measuring 0.8 x 0.5 cm (Figure 2A). Dermoscopic and histologic findings observed in this case were like the previous one (Figure 2 B and C). A SCAP was diagnosed, and the patient was sent to plastic surgery for its resection.

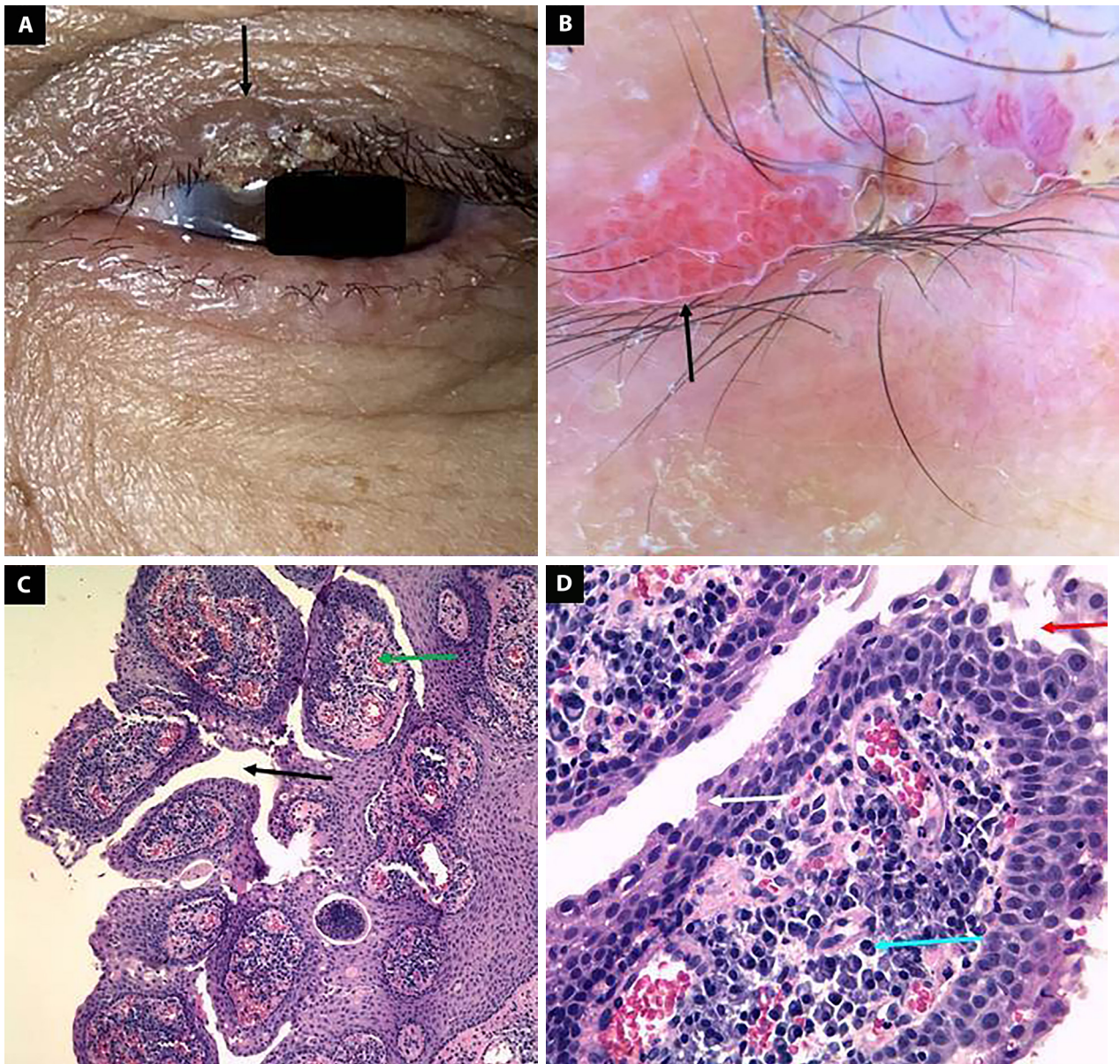


Figure 1. Case #1. (A) Clinical image (black arrow). (B) Dermoscopic image (10x): vascular structures surrounded by whitish halo (black arrow). (C) Histopathology: invaginations (black arrow) and papillomatous projections (green arrow). (D) Double row of epithelial cells (white arrow), plasma cells infiltration in the stroma (blue arrow) and decapitation secretion (red arrow).

Conclusions

SCAP may be presented on any part of the body and occasionally affects the eyelid skin [1]. SCAP is a lesion presented more frequently in women (62%) and the mean age at diagnosis is 43.9 years [1]. The size of the lesion often ranges from 4 mm to 25 mm, with a median of 7 mm [1]. Comparatively, our patient lesions sizes were close the reported median. The frequency of this localization is higher on the upper right eyelid on the lateral margin [1]. In both our cases, lesions were found on the left eyelids, albeit at different palpebral topography.

Dermoscopic descriptions of SCAP are scarce, nevertheless, and concordantly with our cases, exophytic papillary structures can be appreciated, surrounded by a whitish halo, central ulcerations, or erosions with crusts; polymorphous

vessels with predominance of hairpin and coma pattern [2]. The diagnosis confirmation is made by histopathology [1].

Some other tumors must be differentiated from SCAP, such as warts, seborrheic keratoses, basal cell carcinomas and squamous cell carcinomas. There are some dermoscopic features that may help differentiate SCAP from these entities: a) warts exhibit papillary growths, bleeding, dotted and linear vessels, b) seborrheic-keratoses present fissures and ridges, comedo-like openings, milia like cysts and hairpin blood vessels surrounded by whitish halo, c) basal cell carcinomas reveal arborizing and linear vessels running parallel to each other and perpendicular to the eyelid margin; dots and globules were seen in pigmented lesions, d) squamous cell carcinomas show glomerular or linear vessels, central keratin plugs, erosions and ulcerations above a white, pink or mixed background [3-6].

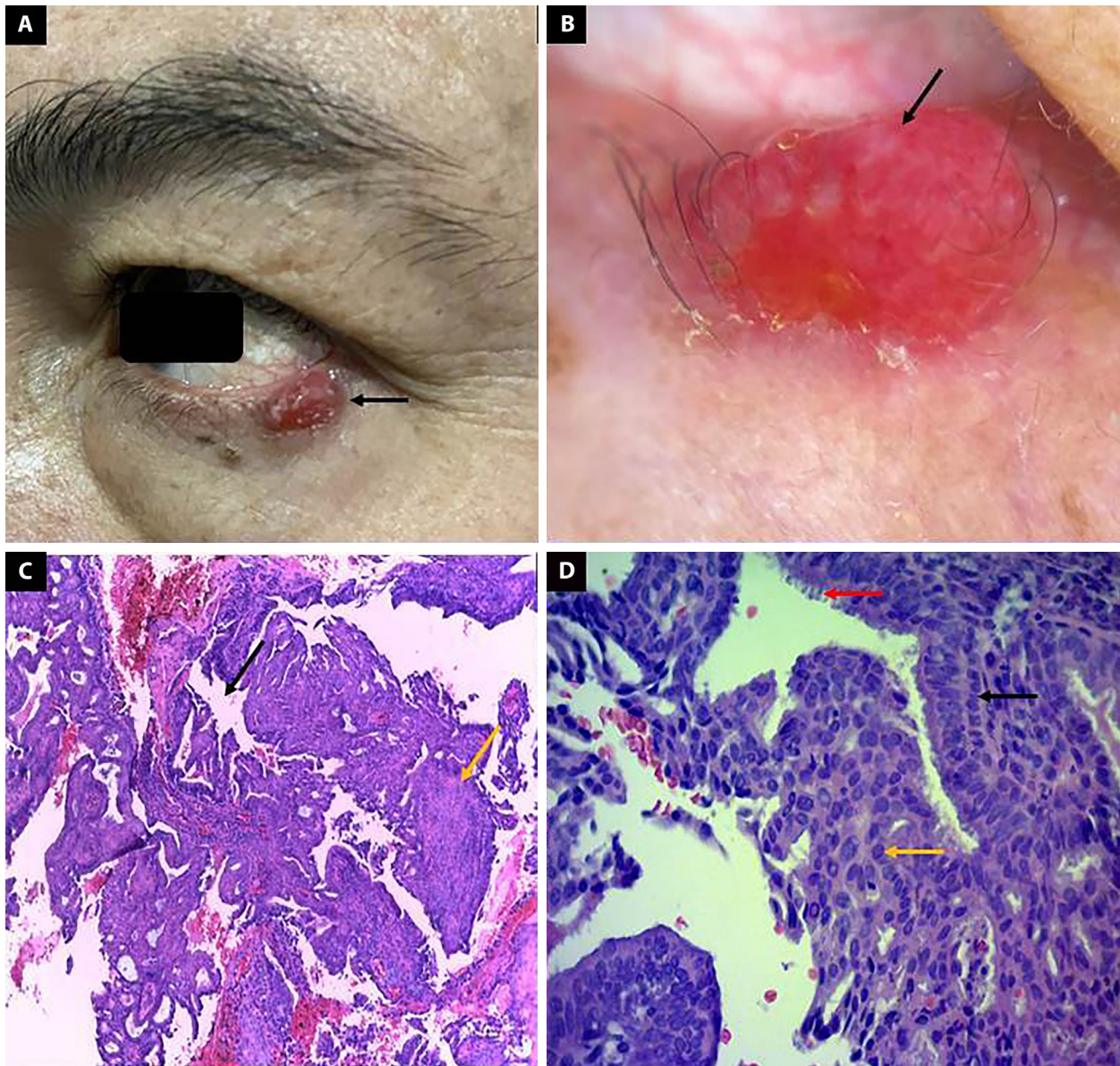


Figure 2. Case #2. (A) Clinical image (black arrow). (B) Dermoscopic image (10x): septated vascular structures surrounded by whitish halo (black arrow). (C) Histopathology: ductal invaginations from epidermis (black arrow) and papillary projections (yellow arrow). (D) Double row of epithelial cells (black arrow) with a dense infiltration of plasma cells in the stroma (yellow arrow) and a secretion through decapitation (red arrow).

Considering that the malignancy transformation risk has been reported as 3.7%, its complete excision is recommended [1].

SCAP is a rare neoplasia which very rarely presents on the eyelids. Dermoscopic exploration can shed useful insight when assessing all the relevant differential diagnoses.

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