CASE REPORT

A case of eruptive syringoma in a vitiligo patient

Omar M. Alakloby *, Nadya Al-Faraidy

University of Dammam, King Fahd Hospital of the University, Al-Khobar, Saudi Arabia

Received 1 March 2011; accepted 1 April 2011
Available online 2 June 2011

KEYWORDS
Crohn’s disease; Metronidazole; Saudi Arabia

Abstract Eruptive syringoma is a rare adnexal tumor characterized by a flesh-colored papules that occurs in crops mainly on the anterior surfaces of the body. The lesions are benign, and treatment options are generally unsatisfactory. The case of a 21-year-old women with a 1-year history of eruptive syringoma and vitiligo of 2 years duration is presented.

© 2011 King Saud University. Production and hosting by Elsevier B.V. All rights reserved.

1. Introduction

Syringoma presents as flesh to brown colored papules mainly around the eyes and lips and occasionally on other sites of the body.

Eruptive syringoma is a rare clinical presentation of this benign tumor of the sweat glands. It was recently suggested to be hyperplastic inflammatory response and has been reported in association with diabetes mellitus and some neoplastic conditions.

* Corresponding author. Address: University of Dammam, College of Medicine, King Fahd Hospital of the University, P.O. Box 40130, Al-Khobar 31952, Saudi Arabia. Tel.: +966 3 8580793; mobile: +966 504814962; fax: +966 3 8595658.
E-mail address: oakloby1@yahoo.com (O.M. Alakloby).

2210-836X © 2011 King Saud University. Production and hosting by Elsevier B.V. All rights reserved.

Peer review under responsibility of King Saud University.
doi:10.1016/j.jssdds.2011.04.003

We present a case of eruptive syringoma in a vitiligo patient. No relationship between these two skin disorders has been reported so far.

2. Case report

Twenty-one year old woman presented to Dermatology Clinic on August 2006 with a history of flesh colored, asymptomatic papules of 1 year duration that initially appeared over the infraorbital region gradually involving the entire face, neck and with larger brown lesions scattered on the chest and forearms.

She is a known case of vitiligo since 2 years. Her younger sister has recently been experiencing similar flesh colored lesions around the eyes. On examination, the face and lateral aspects of the neck showed flesh colored asymptomatic papules (Fig. 1).

Chest and anterior forearms showed scattered brown papules, with a few plaques of 3–4 mm size (Fig. 2).

Depigmented macules of vitiligo were distributed over the elbows, knees and ankles, as well as on a few scars on the arms, but patient did not allow photographs to be taken for vitiligo.

Histopathology of the biopsy taken from the chest lesion showed dilated cystic spaces lined by two layers of cuboidal cells, with comma like tails giving the characteristic tadpole...
appearance, with epithelial strands of similar cells in a dense fibrous stroma (Fig. 3a–c).

3. Discussion

Eruptive syringoma is a rare clinical variant with only few reports in world literature first described by Jacquet and Darier (1887).

Recently, some authors claimed that it was a hyperplastic response of the eccrine duct to an inflammatory reaction rather than a true adnexal tumor and proposed the term “syringomatous dermatitis” (Guitart et al., 2003; Garrido-Ruiz et al., 2008).

Friedman and Butler proposed a classification according to clinical features and associations. This consisted of four principal clinical variants of syringoma: a localized form, a familial form, a form associated with Down syndrome, and a generalized form that encompasses both multiple and eruptive syringoma (Friedman and Butler, 1987).

Lesions are more common in women than men, in Japanese people, and patients with Down syndrome (Patrizi et al., 1998; Butterworth et al., 1964). Patients with diabetes mellitus may present with a histological variant known as clear-cell syringoma (Ambrojo et al., 1989). In one reported case, it was associated with carcinoid tumor (Berbis et al., 1989).

Eruptive syringoma may mimic multiple trichoepithelioma, flat warts, xanthomas, eruptive vellus hair cysts, papular dermatoses, pseudoxanthoma elasticum, hydropicystoma, milia and sebaceous hyperplasia (Kumaran and Kanwar, 2005).

To the best of our knowledge, a link between vitiligo and eruptive syringoma has not been reported in the literature. Considering the family history of similar eruption, and autoimmune disease, we presented this case to propose a possible immunogenetic factors influencing the coexistence of both syringoma and vitiligo in the same patient and syringoma in another family member.

References


