

Chondroid Syringoma at Tip of the Nose: A Rare Site

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ABSTRACT

Chondroid syringoma is an uncommon, benign, sweat gland tumor. The usual presentation is of an asymptomatic, slowly growing mass. Preoperative diagnosis is difficult and generally histopathology examination confirms the diagnosis. We report a case of chondroid syringoma in 24-year-old male for its rarity at the tip of the nose.

Keywords: Chondroid syringoma, Nose, Nasal tip.

INTRODUCTION

Chondroid syringoma (CS) is benign, sweat gland tumor not commonly seen in head and neck region. It is benign neoplasm of skin with structure similar to that of pleomorphic adenoma.^{1,2} It is slow growing, painless and subcutaneous or intracutaneous. Clinically, it is difficult to reach preoperative diagnosis. Histopathology of excised mass generally confirms the diagnosis. We report a case of CS at tip of nose which was removed under local anesthesia having no recurrence after 2 and half years of follow-up. The case of CS is reported here for its rare site.

CASE REPORT

A 24-year-old male presented in ENT outdoor with swelling at the tip of nose for 2 years. Swelling was 1 × 2 cm in size, rounded, firm, mobile, nonfluctuant and nontender (Fig. 1). The temperature of the swelling was not raised and overlying skin was mobile. No regional lymph nodes were palpable. Anterior rhinoscopy was unremarkable. Rest of otolaryngological as well as systemic examinations was normal. Hematological and urine examinations were unremarkable. Fine-needle aspiration cytology was inconclusive.

Under local anesthesia (injection with 2% xylocaine with 1:100000 adrenaline) a V-shape incision was given at collumella. Skin flaps were raised. After dissection a yellowish tumors was excised out and sent for histopathological examination. Wound was closed in single layer. The patient was discharged in the evening with broad-spectrum antibiotics and analgesics for 5 days. Sutures were removed after 1 week and postoperative period was



Fig. 1: Tumor at tip of nose

uneventful. Patient is on the follow-up for 2 and half years without any recurrence or cosmetic concern.

Gross examination showed single, yellowish, firm tumor measuring 1 × 1.5 cm. Histological examination revealed tuboglandular structures with surrounding chondroid stroma which is consistent with chondroid syringoma (Fig. 2).

DISCUSSION

Chondroid syringoma is a rare, benign, skin appendageal tumor. This is uncommon exocrine sweat gland tumor presents as slow growing, painless, subcutaneous or intracutaneous nodule. CS has been reported from arm, thigh, chest wall and neck. It has also been reported from multiple sites in same patient.³ CS has been reported on glabella and nasal soft tissue triangle.^{4,5}

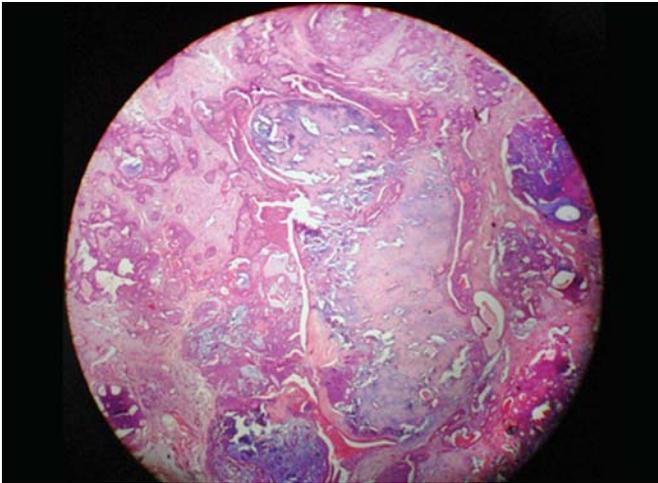


Fig. 2: Photomicrograph of section from chondroid syringoma showing tuboglandular

The clinical differential diagnosis includes dermoid, sebaceous cyst, neurofibroma, basal cell carcinoma and seborrheic keratosis. The preoperative diagnosis some times becomes difficult as in present case where FNAC was also inconclusive. There are only few reports of CS diagnosed by FNAC.^{6,7} The histopathology of excised tissue gives the final diagnosis as in our case. The histopathological features are similar to that of pleomorphic adenoma of salivary glands.^{1,2}

The surgical excision is treatment of choice. CS is benign and slow growing tumor, once excised completely no long-term follow-up is required. Chondroid syringoma is a rare

entity; however, in head and neck area, these should be kept in differential diagnosis especially around the nose. The case of chondroid syringoma is reported here for rare site at the tip of the nose causing considerable cosmetic deformity.

CONCLUSION

Chondroid is rare benign tumor presenting as painless and slow growing mass. Preoperative diagnosis is difficult and generally histopathology examination confirms the diagnosis. It should be kept as differential diagnosis in swellings around the nose.

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