

## Case Report

# LARGEST CHONDROID SYRINGOMA OF THE SKIN: A CASE REPORT

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## ABSTRACT

Benign mixed tumor of the skin is a rare tumor of adnexal structures. It is also called as chondroid syringoma. It is usually painless and slowly progressive. Complications include bleeding, secondary infection and calcification. We present here a case of benign mixed tumor largest reported till date.

**Keywords:** Largest Tumor, Chondroid Syringoma, Adnexal Tumor

## INTRODUCTION

Benign mixed tumor or chondroid syringoma (CS) is a rare benign tumor of the skin. The first description dates back to 1892 where Nasse described a mixed tumor of the skin resembling histopathologically similar to the benign tumor originating from the salivary gland (Nasse, 1892). The name Chondroid syringoma was coined by Hirsch and Helwig in 1961. Chondroid syringoma is defined as an epithelial neoplasm with the potential to form cutaneous adnexal-like structures, especially sweat gland-like structures (Hirsch *et al.*, 1961). These tumors often present as solitary slow growing, solid nodules on the head and neck ranging between 1-3 cm in diameter with a predilection towards males (Obaidat *et al.*, 2007; Sivamani *et al.*, 2006). Here we describe a case of benign mixed tumor of the skin, the size being largest ever reported.

## CASES

A 55 yrs old male presented with a history of swelling on the left side of face for the past 18 years. Initially, the swelling was small in size and there was a gradual increase in the size of the swelling. There was an associated loss of appetite and weight for the past three years. No history of any associated discharge from the swelling. No history of any significant medical or surgical condition in the past. He was not used to smoke cigarettes/consume alcohol/any other substance of abuse. On examination, the tumor was found to be hard in consistency measuring around 12.5x12.5x9 cm (Figure 1). After explaining the possible risks involved in operating such a large tumor, under general anesthesia, the tumor was excised with deltopectoral flap reconstruction. Histopathological examination revealed the presence of squamous epithelial cells with normal adnexal structures, small compressed salivary gland tissues with lymph nodes indicating benign mixed tumor of the skin. The post-operative period was uneventful.

## DISCUSSION

We have reported here the largest benign mixed tumor of the skin till date. Tumors of the skin adnexal region remain a large and diverse group of benign and malignant neoplasms exhibiting differentiation into one of the many types of adnexal epithelium present in normal skin: pilosebaceous unit, eccrine and apocrine. Rarely, a tumor can emerge containing mix of both the cutaneous and glandular tissue.

Benign mixed tumor of the skin consists of both the epithelial and mesenchymal components. The incidence of the tumor is around 0.01-0.098 percent (Yavuzer *et al.*, 2003). Usually the tumor is located in the region of head and neck, non-ulcerating, slow growing and painless nodule. Chondroid syringoma has many similarities with the pleomorphic adenoma of salivary glands (Satter *et al.*, 2003). Optimal treatment of benign chondroid syringomas is surgical excision. Fine needle aspiration cytology has been used for diagnostic purposes and may prove useful in determining the pathology before excision. However, a definitive diagnosis shall be achieved only following the histopathological examination of the excised tissue (Chen *et al.*, 1996). Histologically, the tumor is well-circumscribed and shows a biphasic

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growth pattern: an epithelial component and a stromal component having myxoid, fibrous, or chondroid differentiation. The epithelial component is composed of trabeculae, tubules, or ducts. Because of the presence of many lobules, it is important to include a margin of normal tissue with the excision to ensure complete removal of the tumor else recurrence may occur (Sivamani *et al.*, 2006). Complications of the tumor include bleeding, secondary infection, focal calcification and malignant transformation (Awasthi *et al.*, 2004). Malignant transformation of the benign mixed skin tumor is rarely noted but when it occurs it is known for its significant aggressive metastatic behaviour. In contrast to the benign variety, malignant mixed tumor is more common in women and shows a predilection for the trunk and extremities, foremost hands and feet (Bates *et al.*, 1998; Shvili *et al.*, 1986; Trown *et al.*, (1994).

To conclude, benign mixed tumor of the skin is a rare entity more commonly occurring in the region of face and neck, with a definite diagnosis attained by histopathological examination and managed by surgical excision.



**Figure 1: External view of the facial tumor**

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### **Competing interests**

The author(s) declare that they have no competing interests.

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