

An Eruptive Syringoma Case Associated with Hyperthyroidism

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Abstract

Observation: Syringomas are benign neoplasms originating from the eccrine sweat glands. Generalized eruptive form is a rarely seen variant of the disease. The lesions are asymptomatic, multiple, small, solid, tan-colored to yellowish papules, which usually have a symmetrical distribution. Treatment aims to relieve cosmetic disorders in both localized and generalized eruptive forms. Here, we presented a generalized, eruptive syringoma case accompanied by hyperthyroidism lasting for 15 years.

Introduction

Syringomas are benign neoplasms originating from the eccrine sweat glands. Generalized eruptive form is a rarely seen variant of the disease. It is mainly seen in post-pubertal women. This rare form is first described by *Jacquet* and *Darrier* in 1987. The lesions are asymptomatic, multiple, small, solid, tan-colored to yellowish papules, which usually have a symmetrical distribution. Treatment aims to relieve cosmetic disorders in both localized and generalized eruptive forms. Here, we presented a generalized, eruptive syringoma case accompanied by hyperthyroidism lasting for 15 years.

Case Report

A 59-years old man presented with papillary lesions on the trunk which became increasingly abundant within 15 years (**Figure 1**). There was no pain or itching in the lesions.

In his history, it was found that the patient is being treated for hyperthyroidism. There was no abnormal finding in family history. In systemic examination, no abnormal finding was detected. In dermatological examination, it was seen that there were multiple, reddish-brown, solid papules (1-3 mm in diameter) on the anterior aspect of trunk (**Figure 2**). There was no erosion or crusting in the lesions. Mucous membranes, hair and nails were found to be normal in the examination.

In routine laboratory evaluations, hyperthyroidism was detected in the patient; however, no pathological finding was detected on thyroid sonography.

In the skin biopsy from lesions, occasional keratin-filled cystic structures with surface lining of stratified squamous epithelium were seen in histopathological evaluation while multiple, dilated, comma tail-like ducts were seen in dermis. These findings were found to be compatible to eruptive syringoma.



Figure 1. Papillary lesions on the trunk

Discussion

Syringomas are benign neoplasms originating from eccrine sweat glands. Age of onset is generally at puberty or after puberty [1,2,3]. Syringomas are more common in Asians and Africans than Americans. Although localized variant of the disease is more frequently seen on eyelids, different variants have also been identified [2].

Friedman and *Butler* identified 4 types of syringoma variants based on clinical characteristics and associated disorders: localized form, generalized eruptive form, familial form and forms associated with trisomy 21 [2]. In addition, there are rare forms including linear form [4], lichen planus-like form causing alopecia [5] and milium-like form [6].

Generalized eruptive form is a rare variant. In this variant, tan-colored or yellowish dermal papules (<3 cm in diameter) are primary lesions which are often localized at axilla, anterior aspect of chest, neck, abdomen, upper portion of cheek area, eyelids and vulva. Lesions generally tend to be symmetrical and clustered. In our cases, lesions diffusely involved trunk.

In the series by *Patrizi* et al., it was reported that 19 of 29 cases were eruptive syringoma [7]. *Iglesias* et al. reported a relationship between thermal stimuli and eruptive syringoma [8]. Presence of estrogen and progesterone receptors was shown in histochemical studies. These findings could explain why syringoma are seen more common among women and after puberty [9]. Moreover, there are case reports on association of syringoma with some endocrine disorders such as hyperthyroidism [10].



Figure 2. Multiple, reddish-brown, solid papules (1-3 mm in diameter) on the anterior aspect of trunk

In histopathology, there is no striking finding in epidermis but there is sclerotic stroma with many ducti and solid epithelial debris at middle and upper dermis. Laminae of ducti are filled with amorphous debris. Some ducti appears as comma tail, representing tadpole appearance [11]. Cells resulting from epithelial proliferation are faintly stained with eosinophilic cytoplasm and round monomorphic nucleus.

Based on histochemical studies, all eccrine type enzymes and glycogen are present in syringoma cells. Eccrine specific monoclonal antibodies are positive in syringoma lesion. Today, it is accepted that syringomas arising from skin attachment are benign tumors originating from intraepidermal eccrine salivary, which were previously thought to have mixed origin [12].

Histopathologically, it can be confused with basal cell carcinoma, desmoplastic trichoepithelioma and microcystic adnexal carcinoma. It differs from basal cell carcinoma and desmoplastic trichoepithelioma by lack of amorphous material-filled ductal structures and from microcystic adnexal carcinoma by lack of involvement of perineural tissue [12].

The primary goal in the treatment is to ameliorate cosmetic abnormality. These neoplasms will not cause morbidity in the future. Although there are many treatment modalities

ties today, none is satisfactory. The aim of treatment is to minimize scarring and to prevent recurrence. These treatment modalities include surgical excision, electrocautery, cryotherapy, dermabrasion, trichloroacetic acid, CO2 laser, oral and retinoids [13].

As most being case reports, disorders such as diabetes mellitus [14] Down syndrome [15] and hyperthyroidism [10] were reported in association with syringoma. In a case reported by *Timpanidis* et al, it was emphasized that there are progesterone receptors within syringomas and that this could be related to syringoma development [16]. Association of hyperthyroidism with syringoma is limited to a few case reports [10, 17] while mechanism on interplay between two conditions hasn't been identified yet. Similar relations can be established by increasing number of cases.

We presented this case to emphasize association between hyperthyroidism and generalized eruptive form which is a rare variant of syringomas.

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