

SkIndia Quiz 43

Firm Asymptomatic Nodular Skin Lesion on the Nose

A 33-year-old male patient presented to our clinic with a 14-month history of an asymptomatic lesion on the nose. Skin examination revealed a 1-cm painless, firm, flesh-colored nodular lesion on the nose [Figure 1]. He had no systemic disease or any other accompanying skin disease. The patient also had no history of trauma. Routine laboratory tests including complete blood count and liver

function tests were normal. The lesion was completely excised. Histopathologic examination revealed a biphasic tumor with epithelial and stromal components in the chondroid matrix that could be distinguished from the surrounding dermis tissue [Figure 2].

Question

What is your diagnosis?



Figure 1: One-cm painless, firm, flesh-colored nodular lesion seen on the nose

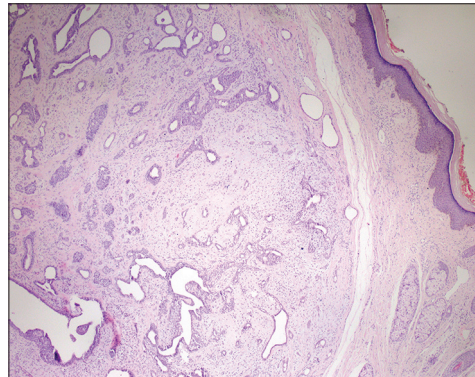


Figure 2: Biphasic tumor including epithelial and stromal components in a chondroid matrix that can be distinguished from the surrounding dermis tissue (H and E; ×40)

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Answer

Chondroid syringoma.

Discussion

Chondroid syringoma (CS) is a benign neoplasm with epithelial and mesenchymal differentiation considered to originate from apocrine/eccrine glands. CS resembles the pleomorphic adenoma observed in salivary glands due to its ductal and tubuloalveolar structure and varying epithelial structures distributed among myxoid and chondroid stroma.^[1] CS accounts for approximately 0.01% of the primary skin tumors and is seen twice as much in males than in females.^[2]

CS commonly presents as a slow-growing, painless, well-demarcated, and subcutaneous or intradermal nodule. The diameter of the lesion often varies between 0.5 and 3 cm.^[3] It is commonly seen in the nose, upper lip, cheeks, and scalp. In addition, it has also been reported on the upper and lower eyelids, neck, glabella, foot, scrotum, penis, and axilla.^[1-3] In line with the literature, the lesion in our patient was localized on the nose.

Definitive diagnosis of CS can be made by complete total excision of the lesion followed by histopathological examination. Common histopathological features of CS include epithelial structures scattered through myxoid, chondroid, and fibrous stroma accompanied by occasional osteoid and sebaceous metaplasia.^[4]

CS often has a benign character but malignant cases have also been reported in the literature. The malignant cases are generally larger in size and are mostly seen in females. In malignant cases, upper extremity and trunk involvement are more common compared to the head and neck involvement.^[5] Complete excision of the lesion followed by long-term patient follow-up remains the most ideal approach for CS treatment due to the potential risk of local

recurrence and malignant transformation.^[2] In our patient, the lesion was completely excised and no recurrence occurred during a 1-year follow-up period.

Although CS is rarely seen, this tumor should be considered in the differential diagnosis of middle-aged male patients presenting with slow-growing cutaneous and subcutaneous nodules in the facial and neck regions.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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