

Mixed Tumor of the Nasal Root

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Summary: We reported the case of a 53-year-old man who presented with over 25-year history of a soft tissue on the nasal root. The tumor with a diameter of 4 cm was observed on the nasal root, the mass was soft, freely mobile, and painless on palpation. No adhesion with the nasal bone was observed. Magnetic resonance imaging revealed multiple nodular solid tumor masses. There was a region with low contrast in the tumor, and adipose tissue was confirmed. We performed total excision. Histopathological examination revealed that the tumor had multiple nodular lesions, and epithelial component had glandular features and a myxoid stromal component. So, we diagnosed mixed tumor of the skin. To the best of our knowledge, it seems to be the largest in the mixed tumor of the skin that occurred in the nasal root in the previous reports. (*Plast Reconstr Surg Glob Open* 2019;7:e2557; doi: [10.1097/GOX.0000000000002557](https://doi.org/10.1097/GOX.0000000000002557); Published online 12 December 2019.)

INTRODUCTION

Mixed tumor of the skin (MTS) is also known as chondroid syringoma, which is a rare benign tumor of the skin.¹ MTS was originally described by Billroth² as an entity histologically similar to the mixed tumor of the salivary glands. The incidence of MTS accounts for 0.01%–0.098% of primary skin tumors.^{3,4} This article reports a rare case of MTS that occurred on the nasal root.

CASE REPORT

A 53-year-old man visited us because of a soft tissue mass on the nasal root that has been noticed over 25 years prior (Fig. 1). In physical examination, a tumor with a diameter of 4 cm was observed on the nasal root; the mass was soft, freely mobile, and painless on palpation. The overlying skin was normal. His past and family histories were not contributory. All other laboratory examination showed no abnormalities. Uneven low echo images were observed with ultrasonography, and calcification was seen inside. There was no internal blood flow signal. No adhesion with the nasal bone was observed. Magnetic resonance imaging revealed multiple nodular solid tumor masses. There was a region with low contrast in the tumor, and adipose tissue was confirmed. There was no infiltration of the surrounding tissue, and a benign tumor was suspected. From these, we suspected calcified epithelioma or teratoma.

Excisional biopsy was performed under local anesthesia. It was easily dissected from the soft tissue. Macroscopically, the excised tumor was 38 × 30 × 18 mm³ large. The surface was smooth and partly yellow and it was a solid tumor (Fig. 2).

Histopathological examination revealed that the tumor had multiple nodular lesions, and epithelial component had glandular features and a myxoid stromal component. No evidence of malignancy was seen (Fig. 3). Therefore, we diagnosed MTS that occurred on the nasal root. There are no signs of local recurrence in 8 months after surgery (Fig. 4).

DISCUSSION

MTS is also known as chondroid syringoma, which is a rare benign tumor of the skin. It was first reported by Billroth,² and Hirsch and Helwig⁵ introduced the term chondroid syringoma to describe this tumor in 1961. It is a slow-growing, painless, and well-circumscribed subcutaneous or intracutaneous nodule. This tumor occurs most frequently in the head and neck and the commonest sites area scalp, cheek, nose, upper lip, chin, and forehead in middle-age men.^{6,7} It has been reported that MTS can often vary in size from 0.5 to 3.0 cm.⁸ In our case, MTS has occurred on the nasal root, which was very rare in this part, and the size of the tumor was 38 mm in diameter. To the best of our knowledge, it seems to be the largest in the MTS that occurred in the nasal root in the previous reports.

Differential diagnosis of MTS should include skin lesions such as skin cysts, dermatofibroma, hystiocytoma, neurofibroma, pilomatricoma, sebaceous cyst, and basal cell carcinoma.⁹ The diagnosis is usually made retrospectively based histopathological findings. The treatment of MTS is total surgical excision with negative margins

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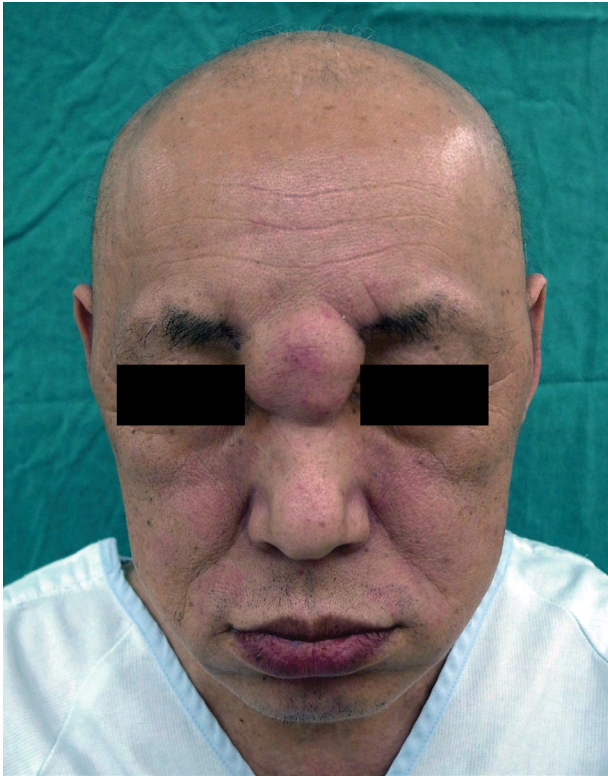


Fig. 1. Preoperative view of a 53-year-old man who presented with slowly developing mass in the nasal root.

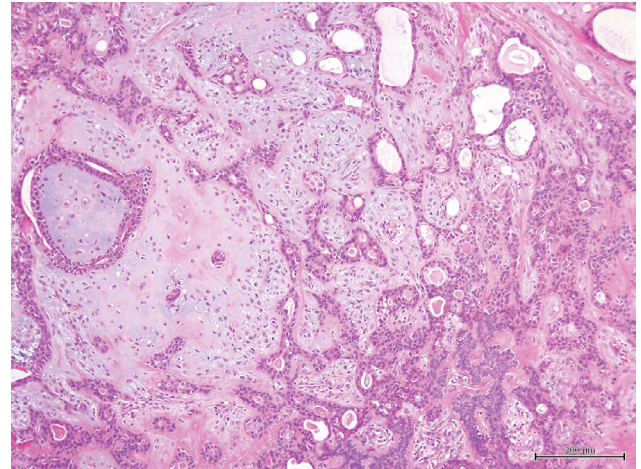


Fig. 3. Histopathologic view (hematoxylin and eosin). Histopathological examination revealed that the tumor had multiple nodular lesions, and epithelial component had glandular features and a myxoid stromal component.



Fig. 2. Macroscopic view. Macroscopically, the excised tumor was $38 \times 30 \times 18 \text{ mm}^3$ large. The surface was smooth and partly yellow and it was a solid tumor.

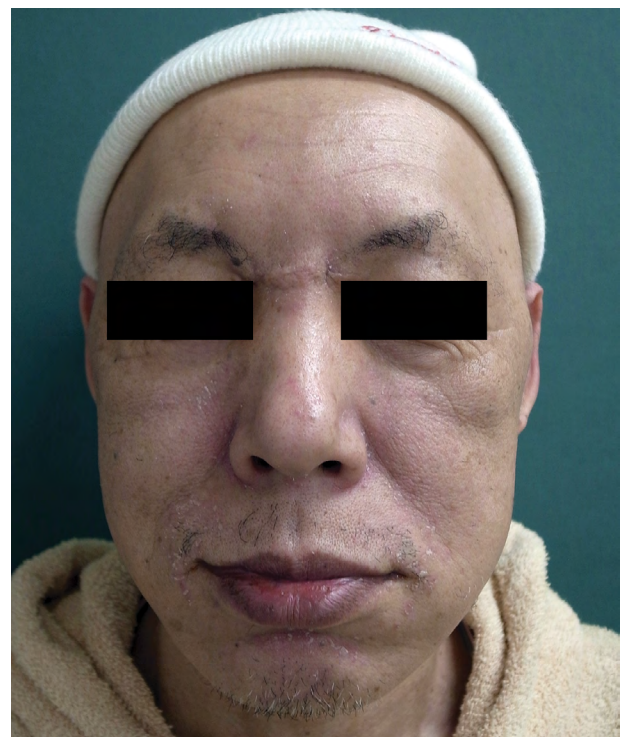


Fig. 4. Four-months postoperative view. There were no signs of local recurrence.

because of the possibility of malignant transformation. Although most MTS has benign characteristics, several rare cases of malignant changes have been reported.¹⁰ Malignant types are more common in women and characterized by rapid growth and location of the lesion on the trunk and extremities, and in these cases infiltration of local lymph nodes and metastasis to bones and viscera.^{3,11}

In our case, MTS occurred in the nasal root, so it was necessary to preserve aesthetic and functional structures

as much as possible. The tumor was excised completely and the histological reports confirmed the free margin. But the patient still needs a long follow-up as recurrence and malignant changes have been reported.

CONCLUSIONS

We reported one case of MTS that occurred on the nasal root. This location is extremely rare in the case of

MTS. To the best of our knowledge, it seems to be the largest MTS that occurred in the nasal root in the previous reports. If the resection margin is low, this tumor should be closely followed up owing to the risk of malignancy.

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