

## Syngomatous Adenoma of Nipple

### —A Case Report—

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***A syngomatous adenoma of the nipple is a benign locally infiltrating neoplasm histologically similar to the syngoma of the skin. Morphologically similar lesions have been described as adenoma of the nipple or florid papillomatosis. Patient was a 33 year old woman who was admitted with a history of bloody nipple discharge from her right breast. With a clinical impression of Paget's disease explorative mastectomy was performed. Microscopically typical tubular and duct like structures with syngomatoid features were present throughout the stroma of the nipple.***

**Key Words:** *Syngomatous adenoma of the nipple, florid papillomatosis, adenoma of the nipple*

### INTRODUCTION

**A** syngomatous adenoma of the nipple is an uncommon and benign neoplasm of the nipple which has been described as adenoma of the nipple (Handley & Thackray, 1962), subareolar papillomatosis, florid papillomatosis (Jones, 1955), or papillary adenoma.

It consists of a nodule localized immediately beneath the nipple, which is often clinically misdiagnosed as carcinoma or Paget's disease. The nipple can be crusted or ulcerated and a serous or bloody discharge is frequently observed. Clinically this lesion is capable of local invasion and recurrence, if not completely excised. Adequate treatment may require nipple resection.

### CASE HISTORY

A 33 year old woman was admitted to Seoul

National University Hospital with 3 year history of bloody nipple discharge of her right breast, which started after the delivery of her baby. On physical examination, the nipple showed an ulcer which was partly covered with crust. Otherwise no other palpable lesion was noted.

Patient underwent an explorative mastectomy with a clinical impression of Paget's disease. During the procedure, a frozen section biopsy was performed from the nipple. It revealed intraepithelial atypical cells with clear cytoplasm and this lesion was misregarded as Paget's disease at the time of frozen section.

Simple mastectomy was performed with unevenful post operative course. The patient is well without recurrence until present time (8 months after the operation).

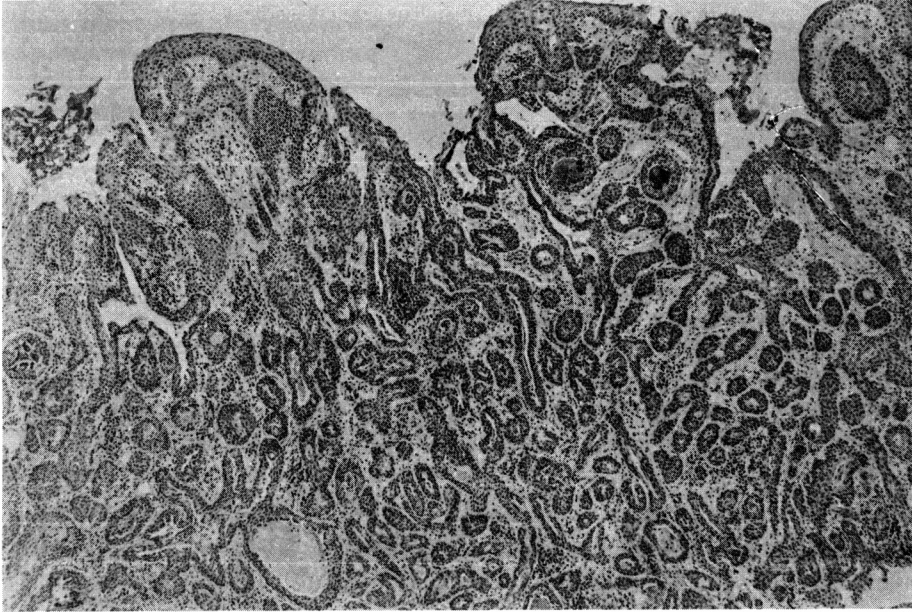
### PATHOLOGIC FINDINGS

The specimen consisted of fragmented nipple tissue measuring 1 cubic centimeter in aggregate. Also included was a simple mastectomy specimen. The serial sections of the breast did not reveal any grossly identifiable tumor mass.

Salient microscopic features were seen in the accompanying pictures. The tumor located mainly

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**Fig. 1** The intervening stroma of the nipple is diffusely infiltrated by tubular and glandular components of the tumor. (H & E, X40).



**Fig. 2** Some tumor cells reveal squamous differentiation with or without keratinizing cyst formation. The overlying epidermis reveals pseudoepitheliomatous hyperplasia. (H & E, X100).

in the nipple and infiltrated among the lactiferous duct. The intervening stroma was diffusely infiltrated by tubular and glandular structures, some of which revealed squamous differentiation with or without keratinizing cyst formation. Some tumor cells also infiltrated as epithelial strands or cords. The epidermis showed pseudoepitheliomatous hyperplasia. However, intraductal epithelial proliferation was not present.

## DISCUSSION

The tumors revealing similar histological appearance to the lesion presented here has been previously described as adenoma of the nipple or florid papillomatosis of the nipple.

A misdiagnosis of adenoma of the nipple as a carcinoma even on histological grounds was not at all uncommon. However, with better recognition of this condition, such mistakes rarely occur in present times (Doctor & Sirsat, 1971).

Adenoma of the nipple or florid papillomatosis has been used as a synonym for decades. However, after reviewing papers on adenomas of the nipple, authors were convinced that present lesion revealed histological evidence for the diagnosis of syringomatous adenoma which was first introduced by Rosen (1983). We felt that the controversy as to whether the tumor should be designated as florid papillomatosis or adenoma of the nipple stems from the basic difference in the histologic pattern observed.

Jones (1955) first described 5 cases under the title of florid papillomatosis and stressed the florid intraductal proliferation as the essential features of this lesion. Handley and Thackray (1962), however, reported 9 cases under the title of adenoma of the nipple and pointed out that the histological pictures in these cases were primarily that of an adenomatous proliferation into the nipple stroma rather than into the lumen of the ducts and preferred to call this lesion as adenoma of the nipple. Rosen stated in his paper that in retrospect, five or more of above lesions were clearly florid papillomatosis while three others were probably adenomas (Rosen, 1983).

In a review of benign tumors of the nipple, Doctor and Sirsat (1971) stated that florid papillomatosis or

adenoma of the nipple did not seem to be one entity but two distinct lesions of entirely different pathogenesis. In their opinion, florid papillomatosis was linked with fibrocystic disease and intracystic papilloma of the breast. They also stressed that the term adenoma of the nipple should be reserved for the lesion showing adenomatous pattern and this entity was related more to the sweat gland tumors.

In his review in syringomatous adenoma of the nipple, Rosen (1983) emphasized the distinction between adenomas of the nipple and florid papillomatosis and observed that these two lesions also reveal different clinicopathologic features; a) patients with adenomas tend to be slightly younger than those with papillomatosis, b) adenomas usually presented as a mass rather than causing ulceration and bleeding, c) duration of years before diagnosis was common for adenomas in contrast to a duration of months for papillomatosis, d) growth of tubular structures among lactiferous ducts in adenoma in contrast to intraductal proliferation in papillomatosis.

The case presented in this paper has all the clinical features of the adenoma of the nipple except for the presentation with nipple discharge rather than mass. It bears a close histopathologic resemblance to syringoma. Rosen (1983) used the designation of syringomatous adenoma rather than syringoma because of two atypical clinical features; location in the nipple and presentation as a solitary lesion. This is not surprising as breast, after all, is a modified sweat gland.

Other lesions to be considered in the differential diagnosis are tubular carcinoma and basal cell carcinoma.

## REFERENCES

- Doctor, V.M., and Sirsat, M.V.: *Florid papillomatosis (adenoma) and other benign tumors of the nipple and areola*, *Br J Cancer* 25: 1-9, 1971.
- Handley, R.S., and Thackray, A.C.: *Adenoma of the nipple*. *Br J Cancer* 16: 187-194, 1962.
- Jones, D.B.: *Florid papillomatosis of the nipple ducts*, *Cancer* 8:315-319, 1955.
- Rosen, P.P.: *Syringomatous adenoma of the nipple*. *Am J Surg Pathol* 7: 739-745, 1983.