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REVIEW ARTICLE
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# Syringocystadenoma Papilliferum of Eyelid: Case Report and Review of Literature

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## ABSTRACT

Syringocystadenoma papilliferum in eyelids is an uncommon benign lesion that can be misdiagnosed as a cancerous skin lesion. Clinical evaluation is usually insufficient to make a diagnosis, and histopathology is mandatory. Herein is a report of a female patient who presented with a left lower eyelid lesion later confirmed by histopathology as syringocystadenoma papilliferum. Consecutive reporting of these lesions may help healthcare professionals diagnose and manage them promptly.

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## INTRODUCTION

Syringocystadenoma papilliferum is an uncommon benign lesion originating from apocrine or eccrine sweat glands. While it is more frequently a childhood adenoma, it may present at old age, such as in the present report.[1] Moreover, it is usually on the scalp and forehead rather than the eyelids.[2] The present case is a left lower eyelid syringocystadenoma papilliferum in an old female. A detailed case scenario and review of the literature were provided.

KEYWORDS:
Adenoma, Eyelids; Histopathology; Syringocystadenoma papilliferum.

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## CASE PRESENTATION

In a case, a 60-year-old female with a known history of diabetes millets, hypertension, and hypothyroidism presented to our department complaining of a left lower eyelid lesion. The patient reported the lesion gradually increasing in size with a history of recurrence after multiple removals, with the recent one being since three months of current investigation.

Upon clinical assessment, there was a solitary dark brownish fleshy growth with ulceration and crust formation affecting the skin of the left lower eyelid **(Figure 1)**. Of note, there were no ocular or general findings of significance. However, given its shape, a squamous cell or a basal cell carcinoma was of possible diagnosis.

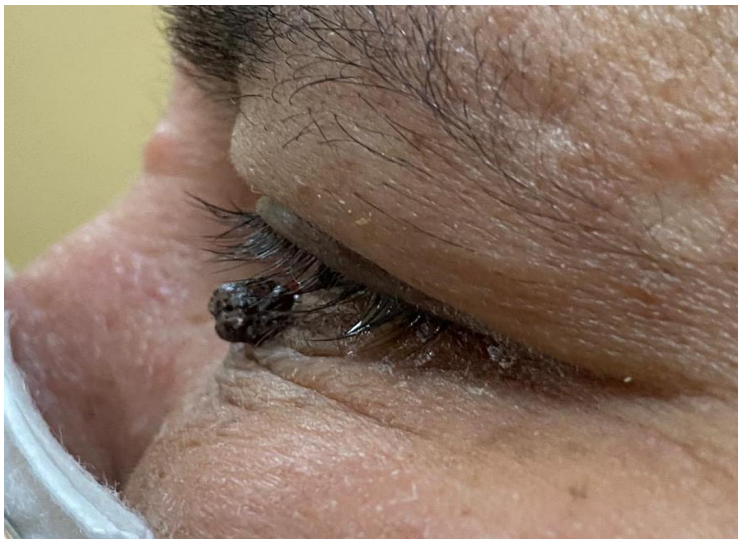

**Fig. 1:** The clinical appearance of syringadenoma papilliferum of the left lower eyelid

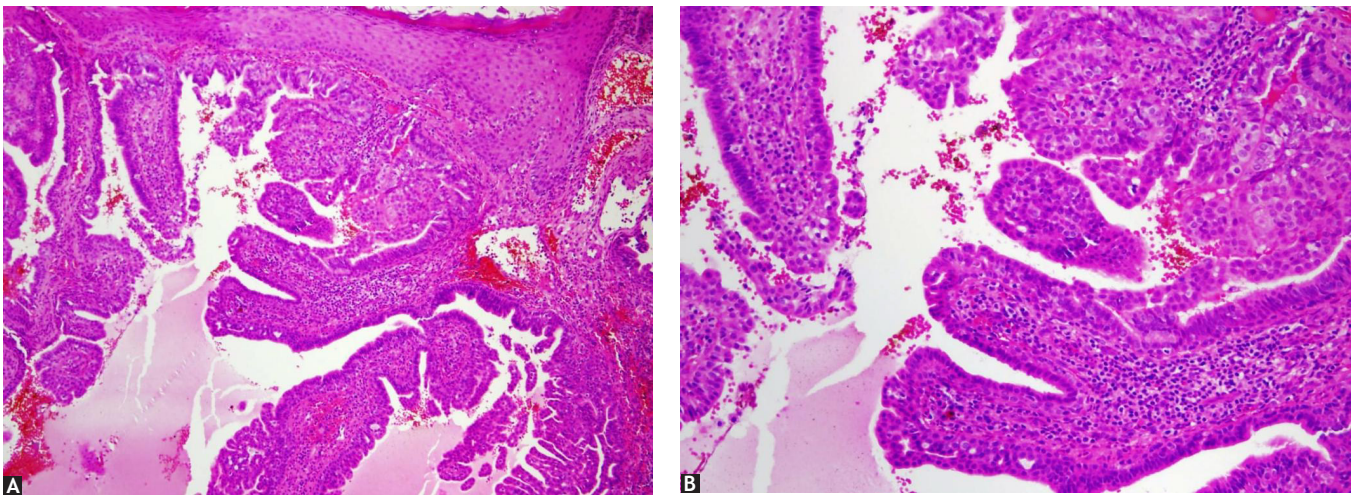


**Fig. 2:** Histopathology for syringadenoma papilliferum in the left lower eyelid, (A) Low power histopathologic appearance of syringadenoma papilliferum (hematoxylin & eosin); (B) High power histopathologic appearance of syringadenoma papilliferum (hematoxylin & eosin).

However, a specimen was collected and dispatched for pathological evaluation, revealing that the underlying tissue measured 1.0x0.7x0.4 cm shows glandular architecture with apocrine differentiation, and malignancy was ruled out **(Figure 2)**.

On microscopic evaluation, it showed a nodular lesion covered by the epidermal layer with varied levels of papillomatosis. In addition, cystic invaginations extending from the epidermis into the dermis were observed. The invaginations were lined by columnar cells and small cuboidal cells along with plasmatic infiltrate in the papillary cores. Of note, there was no evidence of malignancy in the biopsy specimen. Therefore, an eventual diagnosis of left lower eyelid syringocystadenoma papilliferum was determined.

## DISCUSSION

Syringocystadenoma papilliferum is an uncommon benign tumor that presents as a solitary lesion. This lesion is believed to be arising from the apocrine or the eccrine sweat glands.[1] While most of it is not clinically characteristic and necessitates biopsy, it is usually recognized as a colored to pink hairless skin firm plaque or solitary nodule. Moreover, it was reported to present as cauliflower, papillary, keratotic, or even fleshy mass, some of which may exhibit central umbilication with possible discharge.[2, 3] Although syringocystadenoma papilliferum is more frequently a pediatric tumor, it can present at a later stage which has been prescribed in previous literature and current report.[3, 4] The lesions increase progressively and demonstrate hyperkeratosis with potential crustation, oozing, and bleeding. Most lesions remain painless; however, some can be itchy.[2, 5] It has been reported that 30-75% of syringocystadenoma papilliferum grow on a preexistent nevus sebaceous, which was classically present at birth and became more nodular, verrous, and elevated at puberty owing to the development of hamartomatous sebaceous and apocrine glands.[2, 5] Of note, syringocystadenoma papilliferum has been associated with several benign tumors such as sebaceous epithelioma, trichilemmoma, verrucous cyst, condyloma acuminatum, and acanthoma.[6] Further and more importantly, an association with multiple cancerous lesions was also reported, such as ductal sweat carcinoma and basal cell carcinoma.[2, 7]

As the clinical features of syringocystadenoma papilliferum are not consistent, the diagnosis depends on histopathologic assessment through tissue biopsy. Light microscopy usually shows cystic invaginations from a hyperkeratotic epidermis in the dermis. These invaginations are enveloped with apocrine sweat glands and lined by tall columnar epithelium.[8] Notably, surgical excision is the standard management plan for syringocystadenoma papilliferum. While the transformation to syringocystadenocarcinoma or other skin malignancy is rare, it has been reported. A previous report mentioned that among 1/10 of cases with syringocystadenoma papilliferum, basal cell carcinoma may secondarily occur.[2] Other reported complications of this benign lesion are showing ulceration and superimposed infection.[3] In our report, tumor excision was performed, and the patient remained asymptomatic on follow-up.

**Ethical Approval:** As this was an case report it is exempted from IRB approval. To maintain the confidentiality, particulars of the patients were not disclosed.

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**Informed Consent**: Prior consent were taken from the patients before we took the photographs and his permission to publish in reputed journal.

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