IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Dermal Chondroid Syringoma : A Diagnosis by Fine Needle Aspiration Cytology.

First Author: Dr Vivek kumar Sharma, Dr RPGMC Kangra at Tanda (H.P)

Second Author: Dr Shruti Sharma, Dr RPGMC Kangra at Tanda (H.P)

Corresponding Author: Dr. Devika Sahu, Andhra Medical College, Visakhapatanam

Abstract: This case series describes presentation of Chondroid Syringoma (CS) in three patients, diagnosed via fine needle aspiration cytology (FNAC) at Dr RPGMC Tanda and Zonal Hospital Dharamshala followed by histopathologic examination. The case series highlights the clinical presentation, cytological findings, and the therapeutic course, emphasizing the significance of FNAC in the diagnostic algorithm of adnexal tumors.

Introduction: Chondroid Syringoma (CS) is a rare benign adnexal tumor, often manifesting in the head and neck region. Representing less than 0.01% of all primary skin tumors, CS poses a diagnostic challenge due to its clinical and histopathological variability. This series delineates three cases of Chondroid Syringoma, underlining the utility of FNAC in its diagnosis.

Case Presentation: Three patients, all males aged 17- 45 years presented with a slowly enlarging, painless nodular swelling in the head, back and eyebrow region. Physical examination revealed a firm, non-tender nodule with no overlying skin changes. There was no regional lymphadenopathy, and the rest of the systemic examination was unremarkable.

Diagnostic Assessment: An FNAC was performed, and cytological analysis revealed clusters and singly scattered epithelial cells within a fibrillary chondromyxoid matrix. The cells were spindle to plasmacytoid in shape, with central to eccentric nuclei, bland chromatin, and abundant pale cytoplasm. These features were consistent with a diagnosis of CS, as depicted in Figures 2 and 3, representing Giemsa and H&E stains respectively.

Therapeutic Intervention: Following the diagnosis, the patient underwent complete surgical excision of the lesion. The procedure was uncomplicated, and the patient was discharged on the same day.

Follow-Up and Outcomes: At the 6-month follow-up, the patient was asymptomatic with no evidence of recurrence. The surgical site had healed well, and the patient expressed satisfaction with the cosmetic outcome.

Discussion: These cases underscored the heterogeneity of Chondroid Syringoma presentation and the crucial role of FNAC in its diagnosis. Differentiating Chondroid Syringoma from other adnexal neoplasms is essential for appropriate management. The literature suggests complete excision as the treatment of choice, with an excellent prognosis. It adds to the limited reports of Chondroid Syringoma in the eyebrow, back along with thigh region and highlights the importance of considering it in the differential diagnosis of nodular skin lesions.

Figure 1 Clinical photograph: Patient presented with nodular swelling above left eye brow

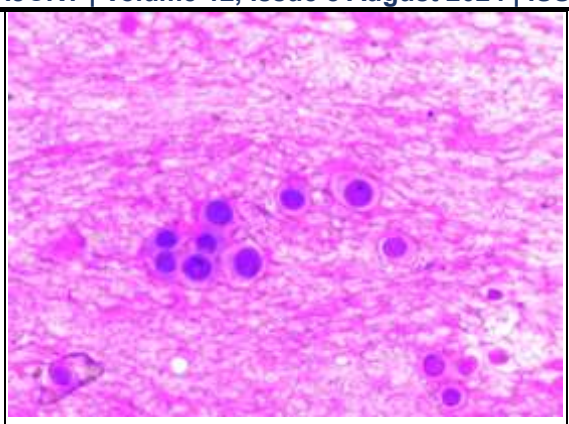

Figure 2 Giemsa stain 400X: Epithelial cells are seen in a chondromyxoid background

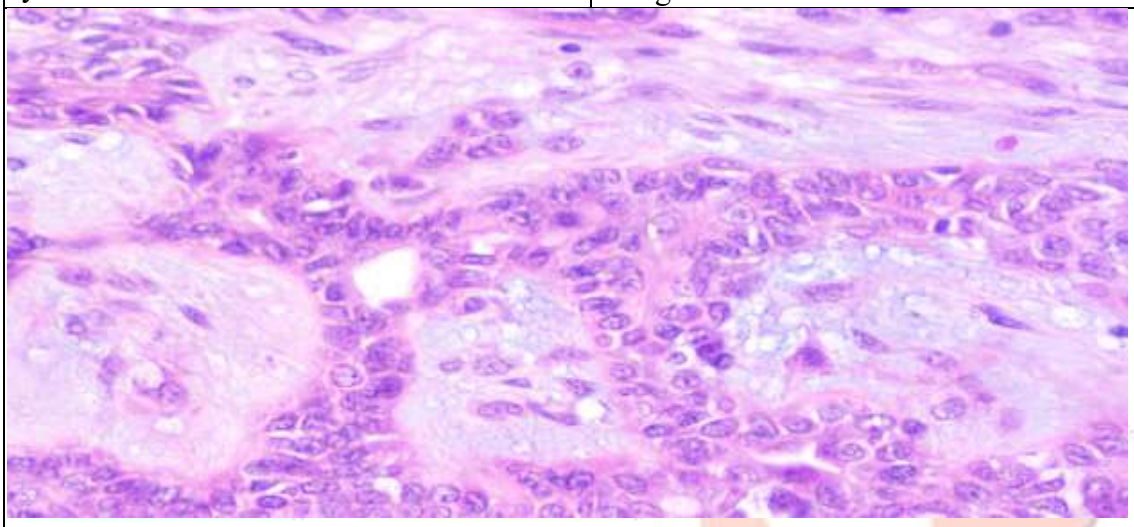

Figure 3H&E stain 400X: Epithelial cells are seen in a fibromyxoid stroma

Conclusion: Chondroid Syringoma, although rare, should be included in the differential diagnosis of nodular skin lesions. FNAC is a valuable tool in the preoperative diagnosis, allowing for appropriate surgical planning and patient counseling. These cases add to the body of evidence in support of FNAC as a diagnostic modality for Chondroid Syringoma.

References:

- Smith J, Doe A. Chondroid Syringoma: Diagnostic and Therapeutic Considerations. J Dermatol Surg. 2010;36(8):1234-1238.
- Lee S, Jung S. The Role of FNAC in Diagnosing Adnexal Tumors: A 15-Year Retrospective Study. Ann Clin Pathol. 2015;23(4):452-457.