Acral Syringomas

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Syringomas are relatively common benign adnexal tumors that are usually located on the lower eyelids, although affecting other areas, including cheek, axillae, abdomen and vulva. Acral syringomas, located on distal extremities are vary rare and there is only one case reported in Korea.

We report a case of a healthy 21-year-old woman with multiple, reddish brown syringomas located on both forearms and the dorsa of hands. The histologic findings were typical of syringomas. (Ann Dermatol 15(1) 21~22, 2003).

Key Words : Acral syringomas, Hand, Forearm

Syringomas are relatively common benign adnexal tumors which derive from intraepidermal eccrine ducts and usually occur predominantly in women in puberty or occur later in life. They typically present as soft, skin-colored to slightly yellow papules on the lower eyelid. Although occasionally solitary, the lesions usually are multiple and may be present in great numbers. Syringomas can also affect other areas, including cheek, axillae, abdomen and vulva[1]. However, acral syringomas, defined as those located on distal aspects of the extremities are very rare and there is only one case reported in Korea[2]. We present an unusual case of a healthy 21-year-old woman with multiple, yellowish brown syringomas located on both forearms and the dorsa of hands.

CASE REPORT

A 21-year-old Korean woman visited our clinic on September 14, 2001, for the asymptomatic eruption on both forearms and the dorsa of both hands that had been present for 8 years. No itching was present. Her medical history was unremarkable and she had no family history of a similar disease. Physical examination revealed multiple, slightly brownish yellow, flat-topped papules, measuring 1 to 3 mm in diameter on forearms and the dorsa of both hands. The lesions were bilateral, symmetrical, and had both a follicular and non-follicular distribution(Fig. 1 A and B).

Under the impression of verruca plana, we performed a punch biopsy. The 3-mm punch biopsy specimen from the papule on the hand revealed typical histological findings for syringomas, consisting of a normal epidermis overlying a dermis that was filled with multiple ducts embedded in a fibrous stroma. The lining of the ducts was composed of one or two rows of flat epithelial cells. Some had a tadpole-like appearance due to the presence of a comma-like tail that was formed by cells projecting from one side of the duct into the stroma. Ductal lumina were filled with amorphous material (Fig. 2).

DISCUSSION

It might be hard to assume at first sight such a lesion would prove to be syringomas; the lesions had appeared more likely to be lichen nitidus, verruca plana or less likely, keratosis pilaris, which could

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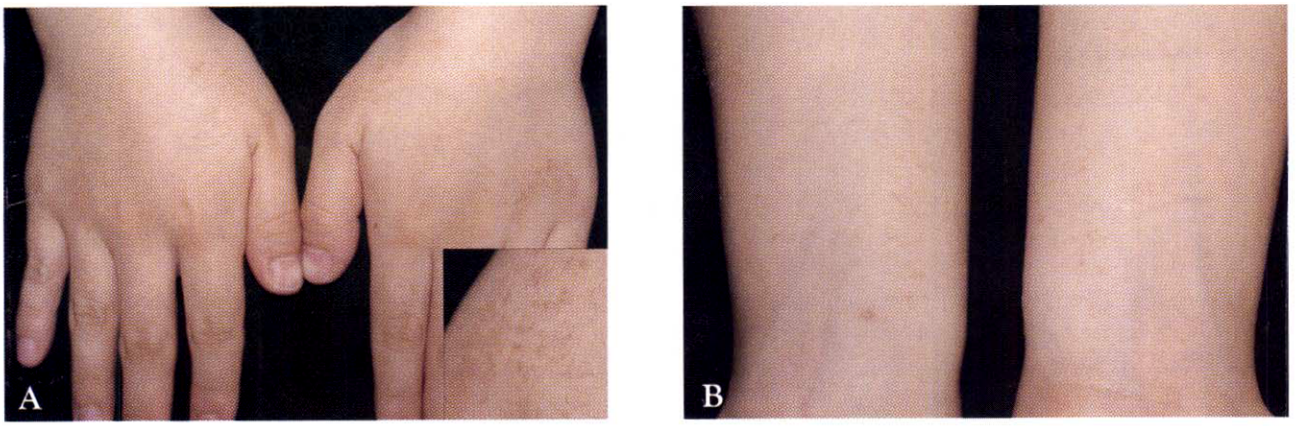

Fig. 1(A). Multiple, reddish brown, flat-topped papules 1 to 3 mm in diameter on the dorsa of both hands Inset: Closer view of the dorsum of left hand. (B) Lesions on both forearms

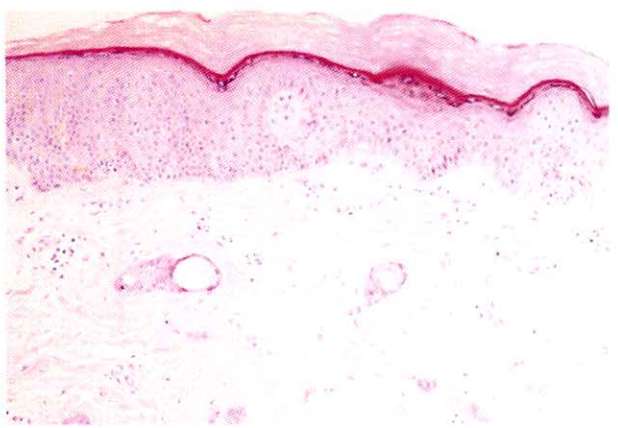

Fig. 2. Several cystic ducts and solid epithelial strands in the dermis (H&E, ×100).

all be excluded under the microscope. The histologic findings were consistent with typical syringomas and the classical features were also observed.

Syringomas appear to be mostly yellowish or skin-colored. The brownish hue observed in this case may be attributed to slightly thickened overlying epidermis, rather than to melanin-related causes, as we could neither find a change in basal pigmentation nor in dermal melanophages. Slight acanthosis seen in this case could also be the result of irritation the self-conscious patient may have inflicted on the lesion, bothered by the appearance.

There are only five cases[2-6] of acral syringomas reported in the dermatological literature to our knowledge. Hughes[4] first described multiple acral syringomas limited to the dorsa of the proximal and middle phalanges of both hands in 1977 and only one case of acral syringomas was reported by Youn et al. in Korea[2].

Many methods of treatment for the lesion have been considered initially and abrasion with carbon dioxide laser was considered, but the patient declined treatment after being warned of the high risk of scarring due to the anatomic locations.

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