

Chondroidmyxoid Syringoma: A Case Identified In Chin Swelling.

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Abstract: Chondroidmyxoidsyringoma is a benign tumor of sweat glands with a mucoidstroma showing cartilaginous metaplasia. It is morphologically identical to pleomorphic adenoma / benign mixed tumor of salivary gland. Prevalence ranges from 1 per 1,000 to 1 per 10,000 of all primary skin neoplasms. It is twice as common in men than in women. Most commonly in nose, followed by cheek and upper lip. The present study describes the case of 30 years old male who presented with chin swelling.

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I. Introduction

Chondroidsyringoma or cutaneous mixed tumors are rare benign skin adnexal tumors accounting for only about 1% of commonly encountered skin tumors.[1] It is now widely accepted that fine needle aspiration cytology (FNAC) is useful in diagnosis of skin adnexal tumors.[2]A mucoid aspirate, abundant chondromyxoid matrix material, and epithelial components were suggested as diagnostic criteria. The reported case is one of chondroidsyringoma confirmed by histopathology, the FNAC of chin swelling yielded thin fluid-like material and microscopy revealed benign adnexal tumour.These features were subsequently corroborated by histopathological findings.

II. Case Report

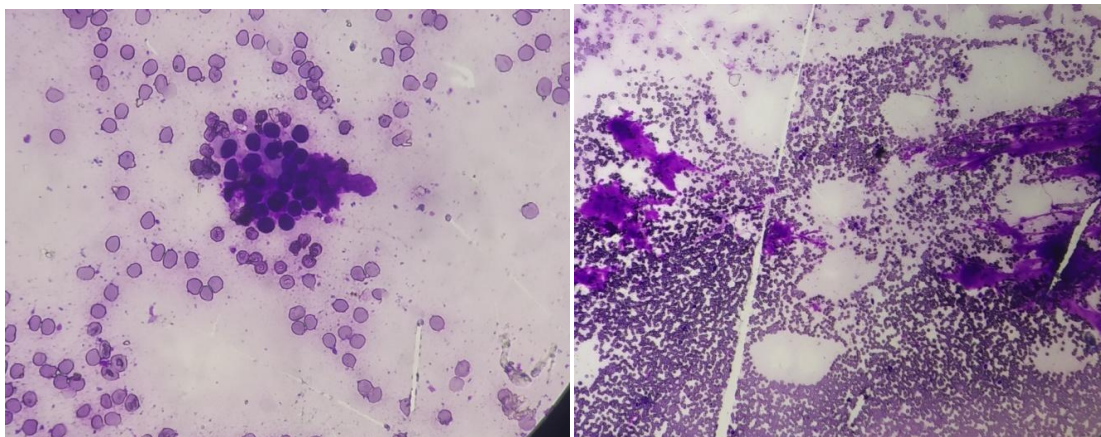
A 30 year old male presented in rajindra hospital Patiala in surgery department with a swelling chin since 1 year. It is progressively increasing in size. There is no history of pain or any type of discharge. The patient had no complaint of loss of appetite or loss of weight. Also there is no history of TB/DM/Hypertension.

On local examination swelling measuring 2cm X 2cm was hard in consistency, non mobile and non tender present below the lower lip on the left side, overlying skin was normal.

The clinical diagnosis was sebaceous or epidermal cyst. FNAC yielded a thin blood mixed aspirate from which MGG stained smears were prepared. Microscopic examination revealed highly cellular smears showing oval basaloid cells which are tightly packed in clusters, sheets and acinar pattern. These cells are benign looking lying in background of hyaline globules. The cytological features were suggestive of benign adnexal tumour.

A cytological diagnosis of benign cystic neoplasm possibly benign skin adnexal tumor was made and excision biopsy suggested.

Excision biopsy was performed 2 days later. Histopathology revealed a chondroidmyxoidsyringoma.

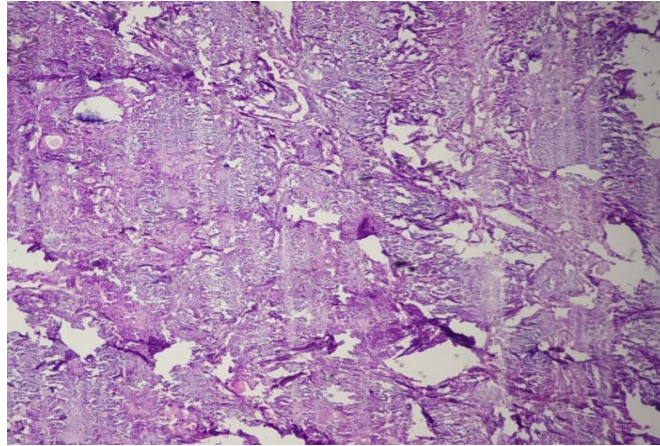


GROSS FEATURES

The tissue received after excisional biopsy is a whitish creamish colored soft tissue piece measuring 2cm x 2cm. On cut section homogenous creamish white surface appeared.

HISTOPATHOLOGICAL FEATURES

Sections stained with H and E were observed under 4x, 10x, 40x to reveal clusters of small glandular structures with lumen lined by epithelium two cells thick with occasional comma shaped extension along with areas of chondromyxoidstroma. Histopathological features are those of Chondroidmyxoidsyringoma.



III. Discussion

The term chondroidsyringoma, introduced in 1961, may be preferred to the alternative designation-mixed tumor of the skin because of the recognition that the tumor is epithelial with merely secondary changes in the stroma.[5]

The World Health Organization has defined chondroidsyringomas as benign adnexal tumors of skin composed of epithelial and stromal elements with a wide spectrum of patterns histologically analogous to mixed tumors of the salivary gland[6]. They most commonly occur as solitary asymptomatic slowly growing nodules on the head and neck of adults, although other sites may be affected.[7] There is a male predilection and most lesions are between 1 and 3 cm in diameter, although examples as large as 10 cm have been reported.[8,9] It is generally accepted that there are both apocrine and eccrine variants of mixed tumors. Ultrastructural studies confirm that myoepithelial cells surround the epithelial cells and appear to produce the stromal components of the lesions.[10] Histologically, two types of chondroidsyringomas can be recognized: One with tubular and cystic, partially branching lumina and the other with small tubular lumina. The former type is much more common than the latter and shows marked variation in the size and shape of the tubular lumina; it also shows cystic dilatation and branching. Embedded in an abundant stroma, the tubular lumina are lined by two layers of epithelial cells: A luminal layer of cuboidal cells and a peripheral layer of flattened cells.[11,12]

Among the published literature on cytological features of chondroidsyringomas, predominance of chondromyxoid elements and presence of only epithelial cell clusters have been more commonly reported.[3,4] Two reports however confirm the presence of myoepithelial cells.[13,14]

IV. Conclusion

Chondroidsyringoma can be diagnosed on fine needle aspiration cytology without posing much of a difficulty. Cytologic smears bear resemblance to pleomorphic adenoma of salivary gland. It should be considered as a differential in small swellings especially in the head and neck region. The diagnosis is often not thought and missed considering the rarity of this adnexal neoplasm.

Differential diagnosis

- **Apocrine mixed tumor:** has characteristic decapitation secretion
- **Cutaneous chondroma:** lacks the epithelial and myoepithelial elements
- **Malignant mixed tumor:** necrosis, infiltrative growth, marked pleomorphism and greater cellularity
- **Metastatic carcinoma:** can often be distinguished based on immunohistochemistry and cytologic features of malignancy
- **Myoepithelioma:** lacks luminal epithelial cells

- **Parachordoma:** rare, no true ducts, actin negative, presence of physalliferous cells, arises adjacent to tendon and synovium in extremities
- Often considered a variant of myoepithelioma.

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