

# Medi Quest BRS Hospital

A monthly News letter from BRS Hospital

## CHONDROID SYRINGOMA OF PINNA – A RARE CASE

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### INTRODUCTION:

This report describes a case of rare tumour occurring in the right pinna of a 79 year old female patient. The Chondroid Syringoma is a rare and benign, mixed epithelial tumour, more frequently present as a cutaneous lesion in the head and neck region.

They share a resemblance to pleomorphic adenomas on histopathological examination. In 1961, Hirsch and Helwig introduced the term chondroid syringoma to describe a tumour which is characterized by presence of sweat glands lying within elements of cartilage like stroma. They can be both apocrine or eccrine in origin.

### CASE REPORT:

A 79-year-old lady came to our centre with a 1-year history of an asymptomatic painless mass in the anterior surface of scaphoid fossa of her right pinna, which started as a small papule that increased in size over a period of one-year. The lesion was found fixed to the overlying skin. No regional lymphadenopathy noted. The pinna is elastic cartilage covered with skin. The epidermis on the concave aspect is thin and overlies a thin subcutis which is strongly attached to the auricular cartilage. In contrast the convex aspect of the outer ear has a stronger layer of subcutaneous fat with more laxity and

displaceability compared to the concave side. Excisional biopsy with a 3 mm margin was performed under general anaesthesia and. Specimen sent for histopathological evaluation after which ear defect was reconstructed.



**Figure 1: Chondroid Syringoma in right pinna**

### PROCEDURE DONE:

Under GA, the 3 x 2 cm lesion was marked out and excised with a margin of 3 mm all around. It was found fixed to the skin and there was fixity to the cartilage. Hence the tumour along with cartilage were excised, leaving behind the exposed raw surface of posterior skin of pinna. The defect was reconstructed using a post-auricular skin flap called the trap door flap.



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Figure 2: Tumor excised



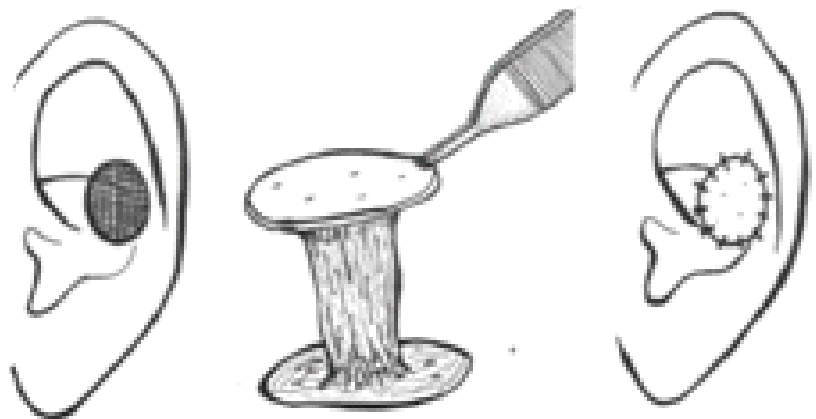
Figure 3: Flap from post auricular skin (sample image)



Figure 4: Raw area covered by Trap door flap.



Figure 5: Graft sutured in place.



Images : Excision of tumour Rt. Pinna and - post - auricular skin flap cover

## DISCUSSION:

### Definition :

- Benign tumor of sweat glands with a mucoidstroma showing cartilaginous metaplasia
- Morphologically identical to /benign mixed tumor of salivary gland
- Slight male predominance
- Most mixed tumors have both eccrine and apocrine components
- Other names :Apocrine orEccrine mixed tumor, Cutaneous mixed tumor
- They vary in size from 0.5- 3 cm.

### Epidemiology

- Prevalence is 1 per 1,000 to 1 per 10,000 of all primary skin neoplasms
- Male : Female ratio is 2:1
- Head and neck region - more frequently seen.

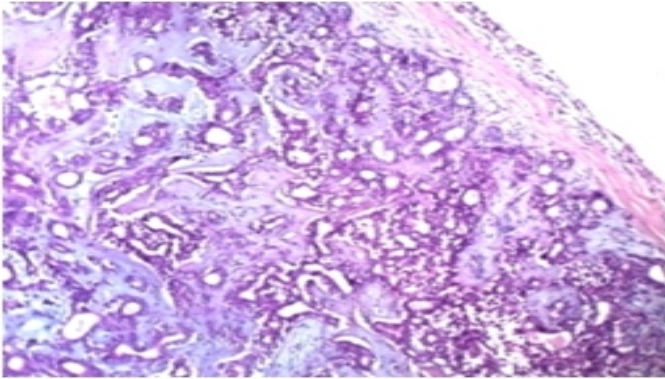




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#### Prognostic factors

- Chondroidsyringoma can turn malignant and hence the pathological confirmation is a must. Surgery with margins of excision and post op irradiation might be required.

#### Clinical features

- Benign; rarely recurs
- Most often seen in middle aged men
- Most commonly in nose, followed by cheek and upper lip

#### Radiology description

- Ultrasonography shows well encapsulated, hyperechoic mass with radiating, hypoechoic septae
- Color Doppler shows vascularization of intervening septae
- MRI shows peripheral high intensity signal with central low intensity signal on T1 weighted imaging
- T2 weighted imaging shows heterogeneously mixed signal intensities

#### Treatment

- Surgical excision
- Recurrence is rare

#### Gross description

- Nodular, circumscribed, nonulcerated with marked variation in size
- Cut surfaces are tan-white, often with grossly apparent chondroid component
- Slow growing, painless, firm, deep dermal to subcutaneous nodule

#### Microscopic (histologic) description

- A well circumscribed but unencapsulated, multilobulated mass centered in deep dermis or

subcutaneous fat, with a prominent chondroid or myxoidstroma

- Biphasic with both epithelial and stromal components
- Major criteria for diagnosis are:

1. A chondroid matrix
  2. Tubuloalveolar structures lined by a bilayered epithelium
  3. Ductal structures lined by a single epithelium
  4. Nests of polygonal cells
  5. The presence of keratinous cysts
- Satisfaction of all criteria is not necessary for diagnosis

#### Summary:

Chondroidsyringoma is a rare and often overlooked in the differential diagnoses of subcutaneous head and neck tumors, leading to frequent misdiagnosis. The treatment of choice is surgical removal including a rim of normal tissue. If the diagnosis is made preoperatively, it will allow the surgeon to plan for an adequate excision, thereby minimizing the possibility of recurrence.

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