

Dermoscopy of de novo Syringocystadenoma Papilliferum in Dark and Fair Skin

Noemi Plozner¹, Maitha Abdulla Aljuwaied², Esmael AlSayed Mohamed Almarzooqi², Mohammed Ahmed², Giuseppe Stinco¹, Enzo Errichetti¹

¹ Institute of Dermatology, Department of Medical Area, University of Udine, Italy

² Dubai health dermatology and aesthetic center, Dubai, UAE, University of Sharjah, Sharjah, UAE

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Corresponding Author: Noemi Plozner, MD, Institute of Dermatology, Department of Medicine, University of Udine; Piazzale Santa Maria della Misericordia, 15. 33100 – Udine, Italy. E-mail: noemiplozner@hotmail.it

Cases Presentations

We present the cases of two boys, aged 11 years (Case 1) and one year (Case 2), showing phototypes IV and II, respectively. Both of them had a history of a slowly enlarging lesion on the chest (Case 1) and intergluteal cleft (Case 2), first noticed at birth. Physical examination revealed confluent, well-circumscribed papules ranging from brown to purple in color (Case 1) and skin-colored to pink (Case 2) (Figure 1A-B). On dermoscopy, both cases showed concentric structures with a central round/polygonal brown area surrounded by white halo, with white-purple/pink-white backgrounds and peripheral polymorphous vessels, which were less evident in the dark-skinned patient (Figure 1C-D). In both instances, histological assessment displayed cystic spaces lined by eccrine epithelium, containing amorphous debris, along with papillary epithelial hyperplasia (Figure 1E), consistent with a diagnosis of syringocystadenoma papilliferum (SCAP).

Teaching point

SCAP is a rare benign adnexal tumor of apocrine/eccrine differentiation developing in nevus sebaceous or de novo and presenting at birth or during puberty [1]. Limited data are available on dermoscopy of de novo SCAP. In our cases, we noted that the skin tone may impact either color background or visualization of vascular structures, which are more evident in fair skin. De novo SCAP displays some dermoscopic clues regardless of the phototype, including concentric structures consisting of a central round/polygonal brown area of ulceration/crusting surrounded by white halo, histologically corresponding to the eroded/crusted surface of the cystic invagination of the tumor and the hyperplastic eccrine epithelium lining the cystic structures, respectively [2].

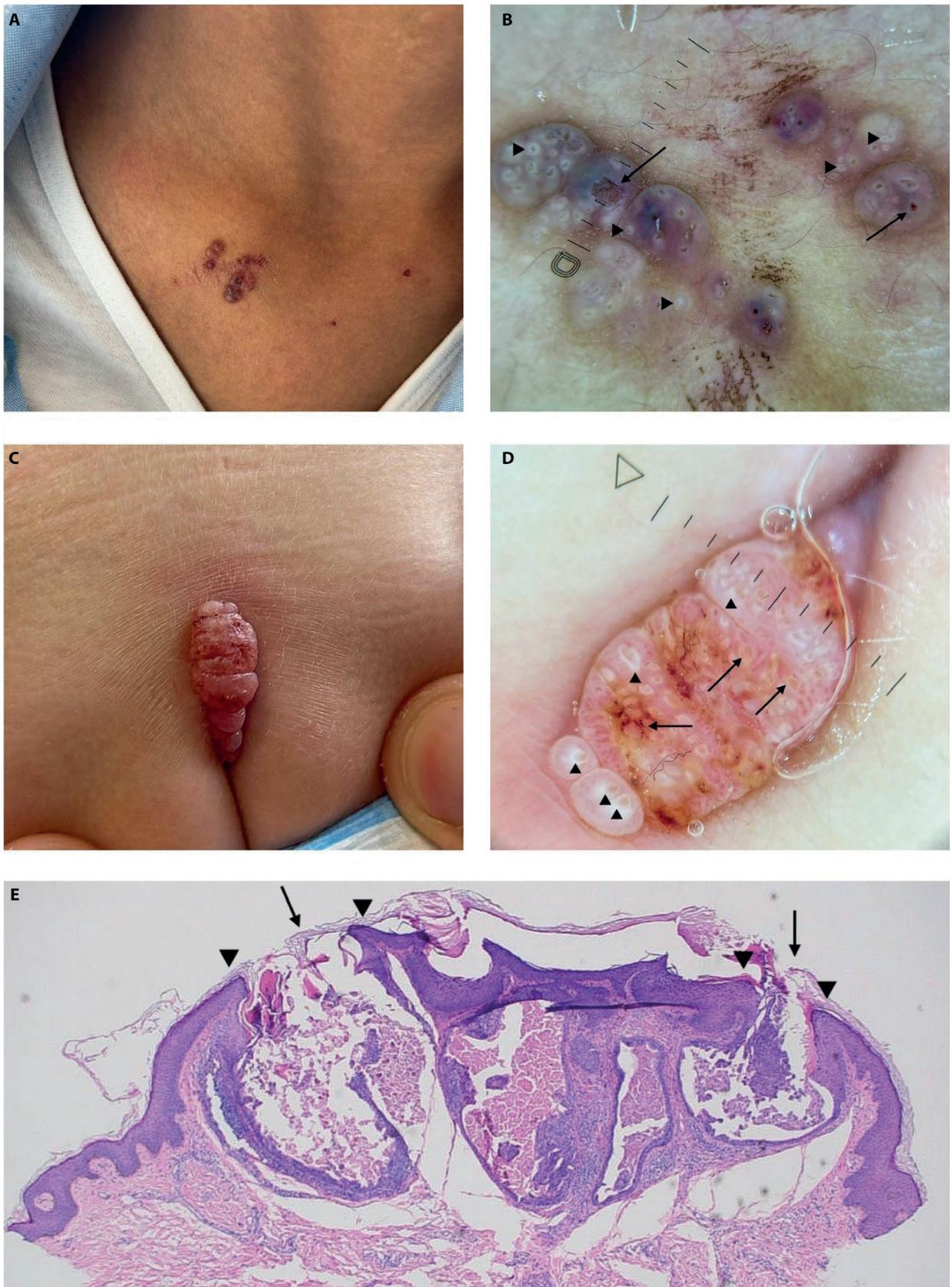


Figure 1. Clinical image of syringocystadenoma papilliferum in two boys of phototype IV (A; Case 1) and II (B; Case 2) showing (A) brown to purple papules on the chest and (B) skin-colored-to-pink grouped/confluent papules on the intergluteal cleft. (C, D) Dermoscopy of Case 1 and Case 2 show concentric structures with a central round/polygonal brown area (arrows) surrounded by white halo (arrowheads). (C) Case 1 shows a white-purple background and (D) Case 2 shows pink-white background and peripheral polymorphous vessels, which were more evident. (E) Representative histological image (H&E; magnification $\times 40$) reveals cystic spaces lined by eccrine epithelium (arrowheads) whose surface shows erosions/crusting (arrows), corresponding to the white halo and round/polygonal brown area seen on dermoscopy, respectively. Amorphous debris in the cystic spaces along with papillary epithelial hyperplasia are also visible on histology.

References

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