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Syringocystadenoma Papilliferum in Upper Lip

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Abstract:

Syringocystadenoma papilliferum is a rare benign hamartomatous of the apocrine or eccrine sweat glands in origin. The lesion is seen in the head and neck region and appear as a solitary, firm and swelling mass. The reason study of this case is its rarity, behaviour and its implicit management consequences. The clinical examination is difficult to diagnose the lesion because of the high similarity between them and other swellings on the lips. Only histopathological examination can confirm the lesion in some case might change it into malignant lesion. Surgical excisional is the treatment of choice for syringocystadenoma papilliferum (SCAP).

Keywords: *Syringocystadenoma, Papilliferum, Surgical Excision, Neoplasms, Upper Lip*

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1. Introduction

Syringocystadenoma papilliferum (SCAP) is a benign hamartomatous adnexal neoplasm occurring during childhood or adolescence, the histogenesis of which is still unclear. (1) Syringocystadenoma papilliferum are first noted at birth and other cases develop in infancy, childhood and adolescence. Clinically, it has many types and forms such as a papule, plaque or a single or grouped nodule, asymptomatic, but that may become exudative and with a linear aspect, varying sizes, usually between 1 to 4 cm with flat, smooth, verrucous or papillomatous surface and is more common in females. (2) (3).

About Seventy-five percent of the cases are reported and commonly seen in head and neck area especially in skin tissue (4) (5). The microscopic appearance is characteristic and shows ducts connecting to the surface, containing papillary processes and lined by two epithelial cell layers. On rare occasions SCAP will transform to a basal cell carcinoma in 10% of cases (6).

2. Case Report

The patient was a 37-year-old woman who went to the outpatient clinic of the Faculty of Dentistry at the University of Sebha, in February 2020, the patient had complained a solitary, firm, papule and a painless on the left side of the upper lip. The lesion had been present since 3 years ago. It was a small size, and with the passage of time, with the development of knowledge, it gradually became larger

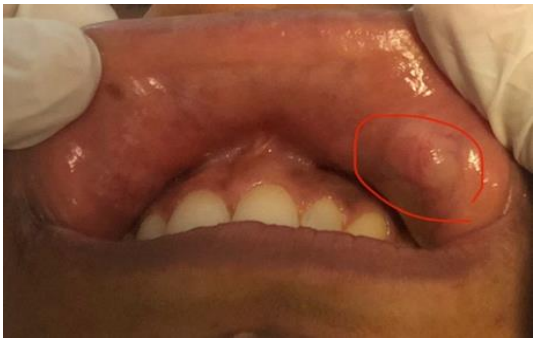

Figure 1: solitary nodular in left upper lip

The patient complained about it, and then the patient was affected by the swelling of the upper lip, which affected the appearance of the patient.

A physical examination revealed a solitary painless raised papule with a size range of approximately 1 cm x 0.8 cm on the left side of the upper lip. No other changes were around the lesion. An excisional biopsy was done and the entire lesion was removed and sent for a histopathology examination.

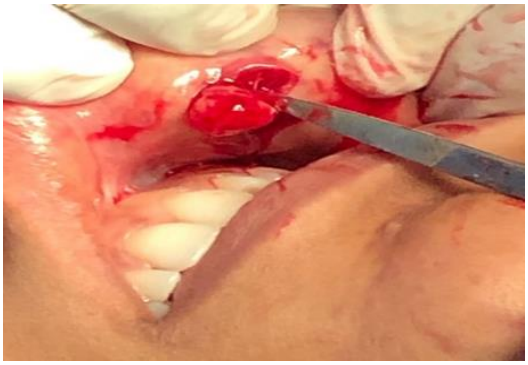

Figure 2: surgical excisional of a lesion

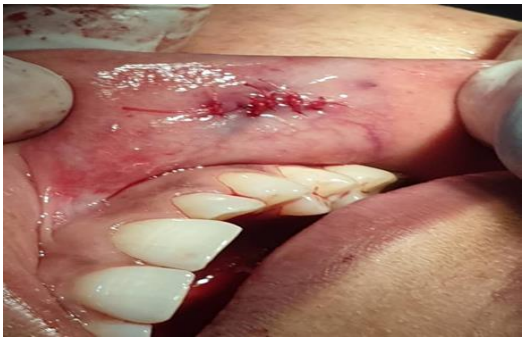

Figure 3: closed the wound by interrupted sutures

Closure the wound by catgut interrupted suture and giving the patient antibiotics. (2) The pathological examination revealed an epidermal lining with papllomatous hyperplasia with multiple invagination extend down forming papillary projection lined by two row of cells, luminal row of columnar cells with decapitation secretion and outer row consists of small cuboidal cells with scant cytoplasm.

The surrounding stroma in densely infiltrated by plasma cells.

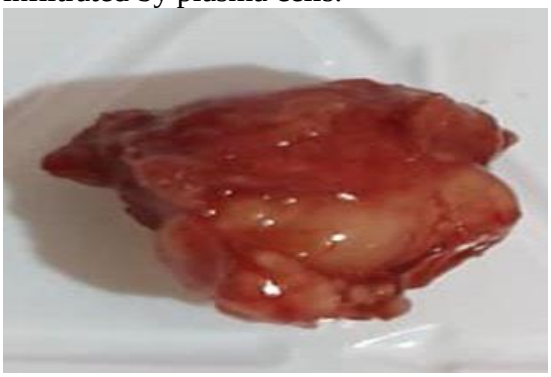

Figure 4: Lesion after removal for biopsy

Evidence of apocrine sweat glands at the base of lesion. No evidence of cytological atypia. The diagnosis was showed Syringocystadenoma papilliferum (SCAP).

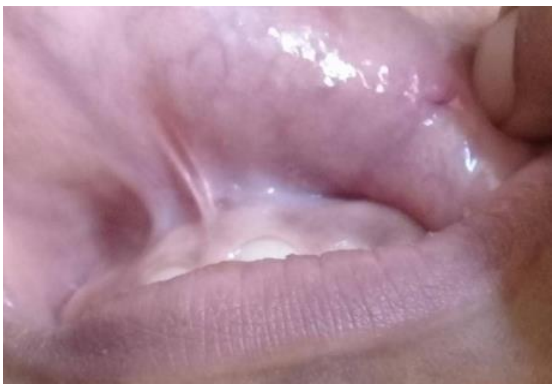

Figure 5: Healing wound after 10 days later

3. Discussion

Syringocystadenoma papilliferum is an extraordinarily infrequent hamartomatous proliferative malformation derived from sweat glands of skin. About 50% are present at birth or appear during infancy and tend to proliferate around puberty and become clearer (7). Most patients of Syringocystadenoma papilliferum present with a solitary nodular lesion is up 1cm in a diameter, it is a dome, pedunculated, a firm and mobile.

By time, the lesion increases in size at becoming more visible as solitary nodular. (9) Clinically, it is hard to differential diagnosis of syringocystadenoma papilliferum, because lesion similar form and appearance of many lesions, includes viral warts, verrucous carcinoma, pyogenic granuloma, tuberculosis verrucous cutis, subcutaneous fungal infection and giant lymphangioma. (8) The histogenesis of Syringocystadenoma papilliferum is controversial. Many authors were suggested that, the lesion is either derived from the glandular ducts intermediate between apocrine and eccrine or an adenoma of eccrine ductal origin by Harkey and helming (1). Same of them proposed, a hamartoma derived from pluripotent cells According to Lever (10). Pinkus hypothesized that papillomatous area may have been derived from apocrine or eccrine glands and hamartomatous proliferation of the involved skin would give rise to the adenomatous component of the lesion (1)

Some of study shows about 10% cases of Syringocystadenoma papilliferum transformation to malignant such as Syringocystadenocarcinoma papilliferum or basal cell carcinoma (2). Squamous cell carcinoma and syringocystadenocarcinoma papilliferum were also reported as a progression of SCAP, but are extremely rare (11; 12). The only treatment for Syringocystadenoma papilliferum is excision biopsy, which also confirms the diagnosis.

4. Conclusion

Syringocystadenoma papilliferum is a rare type of lesion that I have seen in the dental clinic, but there is a great similarity between it swelling lesions, which is mostly in the upper lip area, only biopsy that helps diagnose the condition.

The best treatment method is to eradicate the entire cyst, taking into account the patient should have visit the clinic after surgery for check-up.

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