A CASE OF ERUPTIVE SYRINGOMA WITH CALCIFICATION ON THE SCROTUM

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INTRODUCTION

Syringoma is a common adnexal tumor and usually presents as skin colored papules on the lower eyelids and sometimes occurs as eruptive form on the whole body. Milia-like idiopathic cutis (MICC) is a multiple calcified papulonodules mostly in the Down syndrome patients. Although eruptive syringoma and MICC have been reported in the many articles independently, the scrotal eruptive syringoma with MICC components have never been reported in the literature.

CASE REPORT

A 31-year-old man presented with a 7-year of history of numerous skin colored papules on the scrotum. Aside from scrotum, there was no similar lesion on his body. The papules were slight firm and itch (Fig. 1). Sometimes whitish chalk-like material was squeezed out from the papules. He was otherwise healthy and has no genetic background. We performed skin biopsy on the papule of the scrotum. On the light microscopy, the epidermis did not show any structural alteration and the upper dermis showed irregular ductal structures lined by 1 or 2 layers of polygonal cells. Some tubules exhibited a branched or tadpole-like appearance (Fig. 2a, b). Interestingly, several various sized basophilic deposits were observed in the lumens of the ducts and they turned to be calcium by Von Kossa staining. Based on the pathologic findings, we made a diagnosis of eruptive syringoma with milia-like idiopathic calcinosis cutis.

DISCUSSIONS

Syringoma is a common tumor and present most often as multiple, usually symmetrically, small papules on the lower eyelids and upper cheeks. Sometimes, syringoma may occur suddenly as disseminated papules and make eruptive syringoma on the scalp, forehead, neck, axillae, chest, abdomen, buttocks, extremities, or groin. Syringoma on the genital area have rarely been found and most of cases were reported in vulvar area of the young women. Calcium deposition in the eccrine duct is also rare finding of syringoma and it occurs mostly in the patients with Down syndrome.1,2 Sometimes, this calcified eccrine ducts regarded as part of MICC. MICC refers a clinically multiple whitish micronodular calcified lesions without alteration of the Ca-P metabolism. Majority of MICC were associated with Down syndrome.3 The pathogenesis of MICC remains unknown. As a hypothesis, premature aging process in the Down syndrome patients, calcified epidermal cyst, and something role of the eccrine gland, as in our case, have been suggested.4 Although syringoma may manifest at a wide variety of clinical presentations and have some overlaps with MICC, there has been no similar case present eruptive syringoma on the scrotum and calcified eccrine ducts at a time as in our case. This case is considered to rare case as it has uncommon distribution of eruptive syringoma and also shows calcification of ductal contents which is usually accompanied in the Down syndrome patients.

Although ablation with CO2 laser for the syringoma is widely used as a treatment method, it was concerned that is too extensive to cover all involved area of the scrotum. Under consideration of risk and benefit, we have managed this case conservatively with oral antihistamine and topical antibiotics.

REFERENCE