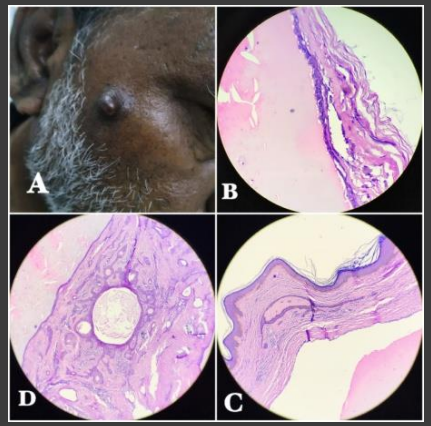
Interesting lumps and Bumps!

Dr.Chirag Desai, Consultant Dermatologist/Dermatopathologist
Divya Sparsh Skin & Hair Clinic, Dadar,Mumbai

Following is a case series of three interesting sweat gland neoplasms presenting as papules or nodules clinically, thereby reinforcing the importance of biopsy in routine clinical dermatology practice.

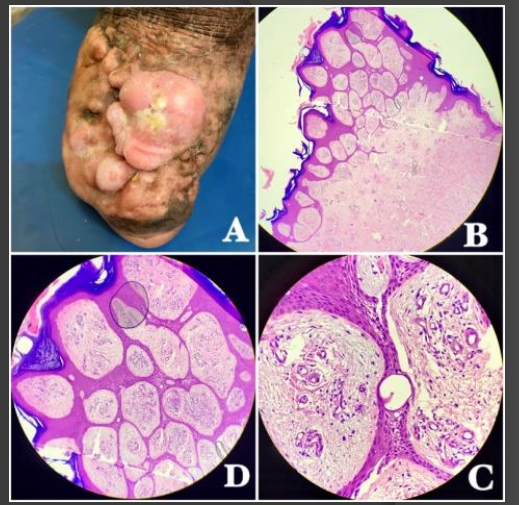


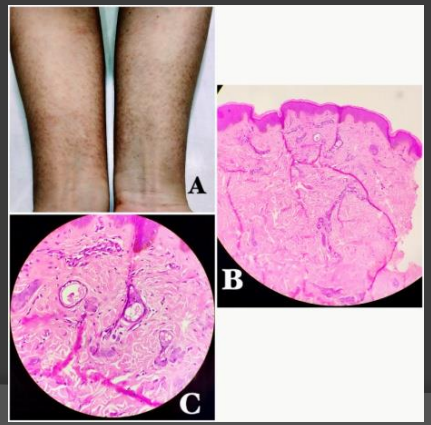
Case 1: A 50 year old male presented with a skin coloured to hyperpigmented lesion on right cheek since few years. The lesion was asymptomatic. O/E- the lesion was dome shaped and was firm to cystic in consistency and non tender(Fig. A). Biopsy showed a well circumscribed neoplasm in the dermis that was surrounded by compressed fibrous tissue at places. The neoplasm consisted of a large cavity lined by cells showing pinched off secretions suggestive of apocrine differentiation (Fig. B). One follicular structure in upper dermis showed many cords and epithelial strands radiating in fibrous stroma reminiscent of a fibrofolliculoma(Fig. C). There was a central island containing tubular epithelial elements, dilated horn cysts, epithelial cord like structures located in a fibrous and mucinous stroma. There was one dilated follicle from which radiated multiple small daughter follicles of varying degrees of maturity resembling a trichofolliculoma (Fig. D). Sparse inflammatory infiltrate comprising of lymphocytes and few plasma cells was present in the stroma.

Final Diagnosis: APOCRINE MIXED TUMOUR

TAKE HOME MESSAGE:
All "difficult to diagnose" papular & nodular lesions should be biopsied. In solitary lesions, it is better to send excisional specimens for evaluation as biopsy would be curative also, most of the times. Clinico-pathological correlation is the key to accurate diagnosis in most cases.

Reference: Weedon's Skin Pathology 4th Edition





Case 2: A 35 year old female presented with multiple asymptomatic skin coloured lesions on the body since 3-4 years. The lesions were progressing. O/E- There were multiple skin coloured, flat topped and some dome shaped papules over upper and lower extrimities, few on lower face and some on the back (Fig. A). Biopsy from forearm lesion, showed an epithelial neoplasm involving the upper reticular dermis made up of solid epithelial islands and ductal structures. The ductal structures were lined by two or three layers of cuboidal cells. Lumen of some of these ductal structures contained eosinophilic debris. The cuboidal cells present within solid cords showed attempt towards ductal differentiation. The stroma comprised of thickened bundles of collagen (Fig. B, C).

Final Diagnosis: GENERALISED ERUPTIVE SYRINGOMAS.

Poster No. 21

Case 3: A 62 year old male, known case of diabetes mellitus with auto-amputated foot presented with an asymptomatic pinkish growth over amputated stump since a few months. O/E – There was a pink coloured, smooth contoured, firm, non tender nodular lesion present over the amputated stump (Fig. A). Biopsy from this lesion revealed a vertically oriented downward proliferation of epithelial cells in form of cords and strands from the undersurface of epidermis that appeared to be centered around acrosyringium (Fig. A). Ducts were present within the interconnecting epithelial cords or strands (Fig. C). The hyperplasia extended deep into the reticular dermis. Between the strands the dermis showed a rich fibrovascular stroma (Fig. C, D) while the reticular dermis showed sparse perivascular lymphoplasmocytic infiltrate with few mast cells and mild fibroplasia.

Final Diagnosis: REACTIVE ECCRINE SYRINGOFIBROADENOMA.