

Image Correspondence

An Uncommon Tumour with a Classic Face: Syringocystadenoma Papilliferum

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Quick Response Code:



A 55-year-old female came with an asymptomatic reddish growth on the scalp for the past 2 years, over a slightly elevated flat hairless area on the scalp, which she claimed had been present since birth. There was no history of any trauma at the site or any bleeding from the lesion. On examination, there



Figure 1: Solitary reddish verrucous surface plaque over a thin, flat hairless skin-coloured plaque over the scalp.

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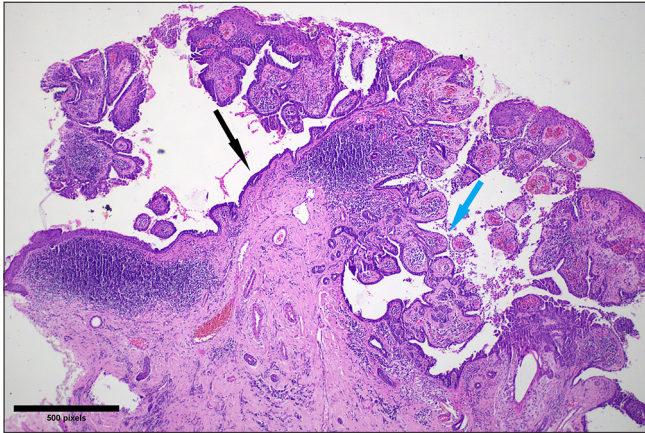


Figure 2: Architecture of tumour showing cystic invaginations (black arrow) and papillary projections (blue arrow) [Haematoxylin and Eosin x40].

was a solitary reddish verrucous surfaced plaque over a thin flat hairless skin coloured to hyperpigmented plaque on the scalp. The lesion was soft to firm and non-tender. Lymph nodes were not enlarged and systemic examination was unremarkable. Clinical differential diagnoses included squamous cell carcinoma, pyogenic granuloma, warts, cutaneous metastasis and adnexal neoplasm over a nevus sebaceous [Figure 1]. Biopsy of reddish lesion showed multiple papillary projections and cystic invaginations lined by an epithelium which possessed apocrine differentiation. Lining epithelium had two rows of cuboidal to columnar cells showing decapitation secretion. Few ductal structures were seen. Stroma showed a dense infiltrate of mononuclear cells predominantly comprising plasma cells. A final diagnosis of syringocystadenoma papilliferum over a nevus sebaceous was rendered [Figures 2 and 3].

Ethical approval: Institutional Review Board approval is not required.

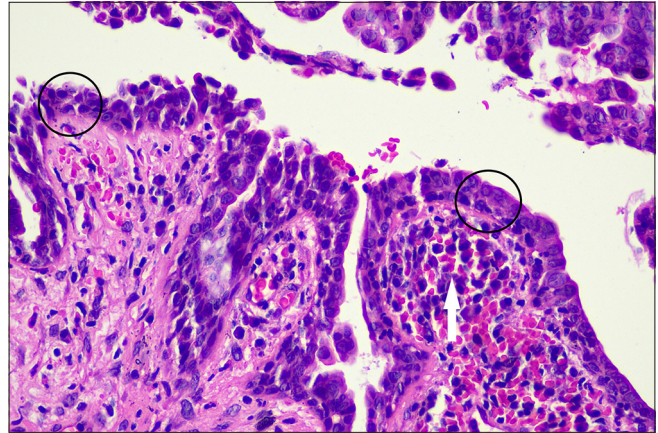


Figure 3: Double layered lining epithelium showing apocrine differentiation (Black circle) and plasma cell infiltrate in stroma (White arrow) [Haematoxylin and Eosin x400].

Declaration of patient consent: The authors certify that they have obtained all appropriate patient consent forms. In the form, the patients have given their consent for their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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