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Papilliferous Syringocystadenoma Associated with a Cutaneous Horn

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Papilliferous syringocystadenoma is a benign and rare adnexal tumor of the apocrine sweat glands, or the eccrine sweat glands. It is associated with a sebaceous nevus of Jadasson in a third of cases, the association with a cutaneous horn is rarely described in the literature [1]. The diagnosis is confirmed by histology. We report a new case of a Papilliferous syringocystadenoma sitting on the forehead associated with a cutaneous horn.

A 38-year-old woman, with no medical history, she presented to the dermatology consultation for a subcutaneous nodule measuring 15 mm by 15 mm, localized on the forehead which has been evolving for 4 years, and which is progressively increasing in size, with the appearance for a few months of a hard growth of 5 mm evoking a cutaneous horn (FIG. 1). The patient received an excisional biopsy of the lesion. Histological examination objectified horny plug made up of keratin lamellae, the underlying dermis was the seat of hyperplastic sebaceous glands and a tumor proliferation organized in clumps and lobules with papillae with a fibrous axis suggesting an associated syringocystadenoma to a cutaneous horn (FIG. 2).

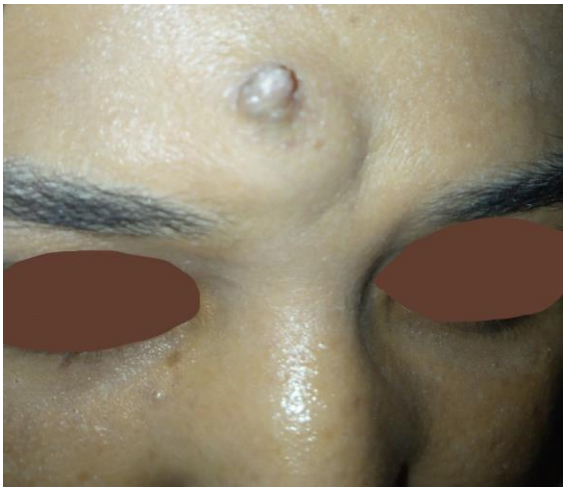

FIG. 1. **Subcutaneous Nodule measuring 15 mm by 15mm Covered with a Hard Growth of 5 mm.**

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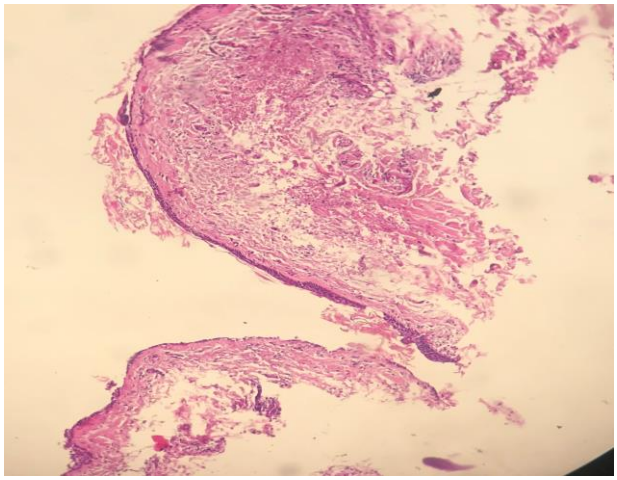

FIG. 2. **Histological image of a Papilliferous syringocystadenoma.**

The peculiarities of our case lie in the rarity of papilliferous syringocystadenoma (SCAP) and the association with a horn [1]. It is an extremely rare adnexal tumor. It appears at birth, in childhood, at puberty or in old age [2]. The clinical presentation is nonspecific and is often misleading, most cases are diagnosed by pathological examination of a nodule. Histologically, papilliferous syrincystadenoma is characterized by an epithelial proliferation connected to the epidermis, both exophytic and endophytic. It is formed of tubular and papillary structures bordered by a double layer of epithelial cells: the innermost cylindrical and the outermost cubic. Tumor stroma typically consists of a predominance of plasma cells. The epidermis is classically made up of pseudo-epitheliomatous hyperplasia. It must be differentiated from papilliferous hidradenoma and metastases from adenocarcinoma [3]. The association with basal cell carcinoma is noted in 10% of cases. The association with squamous cell carcinoma is less frequently reported. The transformation into an adenocarcinoma is exceptional [4]. Due to the risk of malignant degeneration, complete prophylactic surgical excision followed by histological examination is recommended and they represent the treatment of choice [3].

Papilliferous syringocystadenoma is a rare tumor. The pathological study is a fundamental examination allowing the diagnosis with certainty, the elimination of the malignant transformation and the differential diagnoses.

Conflict of Interest

No conflict of Interest

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