

# Syringoma of the vulva

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## Abstract

Syringomas are benign skin tumors of the eccrine sweat glands. The chief affected areas are lower eyelids and malar areas, however, vulvar syringoma is a relatively rare. The lesions are small, multiple, firm, yellowish colored papules and microscopically, have dilated cystic sweat ducts which have comma like tails resembling tadpoles. The majority of patients with vulvar syringomas are asymptomatic but sometimes associated with pruritic symptom.

We report a case of vulvar syringoma in a 55-year old woman who presented with a intermittent pruritus with a brief review of literatures. (J Med Life Sci 2009;6:196-197)

**Key Words :** vulvar syringoma, pruritus

## Introduction

Syringomas are benign skin tumor that derives from eccrine cells, specialized cells that are related to sweat glands<sup>1</sup>). The skin lesions usually consist of small bumps one to three millimeters in diameter that form underneath the surface of the skin. The most frequent site is the eyelids and around the eyes, but other areas of the body can also be affected<sup>2</sup>). Lesions localized to the vulva were first described in 1971 by Carneiro et al.<sup>1, 3</sup>). Vulvar syringoma is a relatively rare occurrence<sup>2</sup>).

We report the case of vulvar syringoma in a 55-years-old women.

## Case Report

A 55-years-old women had experienced intermittent vulvar pruritus for several years. She had been treated with topical steroid and antibiotic regimens but her complaints did not respond to these therapies. There was no history of similar lesions or in any other family member.

On physical examination, small, multiple, firm, yellowish colored papules were observed on the right vulva (Fig. 1) Transvaginal sonography revealed no pathologic findings in

genital systems. She had no similar lesions elsewhere. A punch biopsy of the vulvar lesions was performed. There were numerous tubular structures embedded in fibrous stroma in the papillary and reticular dermis. Physical examination and histologic findings are consistent with a diagnosis of syringoma. The patient was not given any further treatment.

Figure 1. gross appearance of vulvar syringoma



## Discussion

Syringomas are benign tumors of eccrine sweat gland derivation that occur frequently in women. This tumor often appear at young women, but older women or pre-pubertal women are also affected<sup>4</sup>). Clinically, they appear as multiple, tiny, firm, skin-colored papules which most commonly occur in the eyelids, malar regions<sup>1</sup>). Friedman and Bulter suggested a classification of syringomas into four principal types, namely localized (solitary or multiple), generalized, associated with Down's syndrome and familial

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cases of syringoma<sup>5</sup>). Syringomas affecting the genital area are rare and may affect the genital areas as part of their generalized occurrence<sup>6</sup>). Localization of syringoma to vulva is very rare<sup>7</sup>). Most syringomas are symptomatic and permanent, but most vulvar syringomas are asymptomatic, so frequently overlooked<sup>8</sup>). Uncommonly, vulvar syringomas may be symptomatic with a complaint of itching<sup>6</sup>). Vulvar syringomas have a periodic exacerbation of genital pruritus during menstrual periods or pregnancy. This is suggested that cyclical hormonal changes are likely responsible for periodic exacerbation of genital pruritus during menstrual periods or pregnancy<sup>8</sup>).

Histologically, the epidermis is normal, but within dermis, small colloid material containing cystic ducts and solid epithelial strands contained within the surrounding fibrous stroma of these two layers is revealed<sup>2</sup>). Numerous ducts lined by two rows of epithelial cells extend to form a comma-like tail, described as resembling a tadpole<sup>1</sup>).

With respect to histopathological features, syringoma must be distinguished from several conditions. Fox-Fordyce disease, epidermal cysts, senile angiomas, lichen simplex chronicus and condylomata acuminata, candidiasis, lichen sclerosus and atrophicus should be considered in the differential diagnosis of vulvar syringoma<sup>3</sup>).

Treatment of syringoma is usually not necessary unless there are cosmetic issues. Several treatment methods have been previously used to control vulvar syringomas. Syringomas commonly do not improve medical therapy with topical steroid, but topical corticosteroid cream application for one month is effective of vulvar lesion and itching symptom by Cagdas et al.<sup>7</sup>). Other treatment methods are surgical excision, cryotherapy with nitrogen oxide<sup>9</sup>), electrosurgery, carbon dioxide laser treatment<sup>10</sup>).

A wide spectrum of benign, premalignant, and malignant lesions may involve the vulva. The important thing is to differentiate between normal variants, benign findings, and potentially serious disease.

The general approach to evaluation of vulvar lesions is the history, physical examination, and diagnostic studies. One or more vulvar biopsies should be performed if the

lesion is clinically suspicious for malignancy, or if a diagnosis cannot be made confidently by visual inspection and noninvasive methods, or if the lesion does not resolve after standard therapy.

Accurate diagnosis of vulvar lesion is important in order that patients receive appropriated evaluation and management of their disease.

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