Eruptive Syringoma: Treatment with Topical Tretinoin

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Eruptive syringoma is a rare variant of syringoma that appears in successive crops on anterior surfaces of the trunk, neck and arms. We present a patient with eruptive syringoma who showed a satisfactory response to therapy with topical tretinoin.

Case Report
A 23-year-old woman reported a 10-year history of asymptomatic papular lesions located on anterior surfaces of her neck, trunk, and arms. Lesions appeared on these areas in successive crops. No other symptoms were present.

Physical examination revealed multiple rounded red to brown papules ranging in size from 1 to 5 mm on the anterior surfaces of her neck, trunk, and arms (fig. la) and in a smaller number on her flanks and dorsum.

A skin biopsy specimen showed, embedded in a fibrous stroma, small ducts, the walls of which were lined by two rows of epithelial cells, and independent strands of basophilic epithelial cells. The lumina of the ducts contained an amorphous material.

The diagnosis of eruptive syringoma was established, and treatment with 0.05% tretinoin cream (magistral formulation) once daily was started. The concentration was then progressively increased from 0.05 to 0.1%, in the same excipient (oil-in-water cream). After 4 months, the lesions in the treated areas were flattened and skin-colored (fig. la, b), with a good tolerance. On untreated areas, new lesions went on appearing.

Discussion
Syringomas are benign appendageal tumors, originating on the intraepidermal eccrine ducts, that appear as small firm papules, red- to brown-colored and ranging in size from 1 to 10 mm [1,2]. They occur predominantly in women and may develop at any age, with a peak incidence between the third and fourth decades, although they are not rare in children [3]. The most frequent clinical variant is the one located on the infraocular areas in healthy people, but other clinical
variants have been reported, as well as familial cases or associated with Down’s syndrome [2-4].

Generalized eruptive syringoma is a rare variety, characterized by multiple lesions that arise in successive crops on the anterior body surfaces, generally in prepuberal or adolescent individuals [1]. Spontaneous involution of lesions may occur but is infrequent; therapy is difficult and unsatisfactory because of the number of lesions that makes physical therapies, as electrocoagulation and cryo-therapy, too laborious yielding a poor cosmetic result. Oral isotretinoin therapy has been successfully used by Mainitz et al. [5] in 2 patients and without success in a case by Jan-niger and Brodkin [6].

We present a case of successful treatment of eruptive syringoma with topical tretinoin (retinoic acid) in increasing concentrations. To our knowledge this is the first reported case on a significant improvement of eruptive syringoma with this therapy. Although spontaneous involution of lesions has been reported, it is unlikely in our case, because new lesions appeared during treatment in non-treated areas.

There are many reports about the uses of retinoic acid in many different disorders [7], but its mechanism of action is not well known today. It is known that retinoids act on cellular proliferation, differentiation and keratinization [8]. Retinoids have been shown to inhibit tumor
promotion in vivo and are therefore used in the treatment of warts and premalignant lesions [9-11]. Topical tretinoin has been also successfully employed in the treatment of Fox-Fordyce disease, a disorder of apocrine glands [12]. It is possible that those multiple properties of retinoids have an influence on the differentiating mechanisms of epithelial and ductal structures other than sebaceous glands, as suggested by Mainitz et al. [5].

References


106
Gómez/Pérez/Azana/Núñez/Ledo
Eruptive Syringoma