Syringoma is a common benign intraepidermal tumor affecting 0.6% of the general population and is more frequent among women at 75-90%. Lesions appear as multiple, skin colored to slightly yellowish firm papules in a bilateral symmetrical distribution. It is commonly located in the lower eyelids, however the scalp, axillae, abdomen, forehead, penis, and vulva can often be affected. Syringomas located over the forearms are unusual and rarely reported.

We present a case of a 51-year-old Filipino female with a six-year history of multiple, asymptomatic macules and papules on the extensors of both forearms. Review of systems, past medical and family history were also unremarkable. Physical examination revealed multiple, hyperpigmented macules and flat-topped papules on the extensor aspect of both forearms (Figures 1A & 1B) and the periorbital area. Hematologic and biochemical tests, urinalysis and chest radiography were normal. A 4-mm skin punch biopsy of a hyperpigmented papule on the forearm showed multiple ductal structures within focally sclerotic dermis consistent with syringoma (Figures 2A & 2B). Immunohistochemistry was positive for carcinoembryonic antigen (CEA) and negative for epithelial membrane antigen (EMA) (Figure 2C), further confirming our diagnosis of syringoma.

Syringomas are benign eccrine sweat gland tumors, common around the eyelids especially among women. Eruptive syringoma, a generalized variant, presents as multiple, yellow to brown colored firm papules in a symmetric distribution usually found on the anterior chest, neck, upper abdomen, axillae and periumbilical region. A systematic review by Williams and Shinkai revealed that out of 239 cases of syringoma identified from 46 reports, only 11.3% were the eruptive type. Based on the Philippine Dermatological Society Health Information System (PDS-HIS) central registry from 2011-2017, there were only fifteen recorded cases of eruptive syringoma.

Our patient presented with asymptomatic multiple, hyperpigmented macules and papules on both forearms. This clinical presentation may be mistaken for other diagnoses such as lichen planus, papular eczema, sarcoidosis, adnexal tumor, eruptive xanthoma, steatocystoma and milia. The definitive diagnosis of syringoma is done by histopathologic examination that shows multiple ducts lined by two rows of flattened epithelial cells with the outer layer bulging outward to create a “comma-like” or “tadpole tail”. CEA are in the luminal cells of the ductal structures and in the amorphous contents of the lumen of syringoma. While EMA was detected with variable frequency in the peripheral cells of both ductal and solid structures.

The treatment of syringoma is performed for cosmetic concerns. However, because of the benign nature of this condition, our patient opted not to undergo any treatment.

Figure 1. Multiple hyperpigmented macules and flat-topped papules on the extensor aspects of both forearms.
ever our patient decided to follow-up, we plan to start her with tretinoin 0.05% cream, once a day for four months, which was also found to be effective in improving the lesions.13

In conclusion, syringoma occurring at unusual sites has a wide range of differentials and a definite diagnosis can be established by histopathologic examination. ■

Janice Natasha C. Ng, MD
Mari carr Pamela M. Lacuesta, MD, FPDS
Mary Jo Kristine S. Bunagan, MD, FPDS
Department of Dermatology, Southern Philippines Medical Center, Davao City
E-mail: janiceng3@yahoo.com

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