

# Pigmented Papules on the Face, Neck, and Chest

Apoorva Sharma, MBBS; Kiruthika Subburaja, MD; Muthu Sendhil Kumaran, MD, DNB, MNAMS; Debajyoti Chatterjee, MD, DM

## Eligible for 1 MOC SA Credit From the ABD

This Photo Challenge in our print edition is eligible for 1 self-assessment credit for Maintenance of Certification from the American Board of Dermatology (ABD). After completing this activity, diplomates can visit the ABD website (<http://www.abderm.org>) to self-report the credits under the activity title "Cutis Photo Challenge." You may report the credit after each activity is completed or after accumulating multiple credits.



A 46-year-old woman presented with multiple asymptomatic, flesh-colored, hyperpigmented papules on the face of 5 to 6 months' duration that were progressively increasing in number. The lesions first appeared near the eyebrows and cheeks (top) and subsequently spread to involve the neck. She had no notable medical history. Cutaneous examination revealed multiple tan to brown papules over the periorbital, malar, and neck regions ranging in size from 1 to 5 mm. The lesions over the periorbital region were arranged in a linear pattern (bottom). Similar lesions also were present on the chest and arms. No other sites were involved, and systemic examination was normal.

## WHAT'S YOUR DIAGNOSIS?

- eruptive xanthoma
- hidrocystoma
- pigmented plane wart
- sebaceous hyperplasia
- syringoma

PLEASE TURN TO **PAGE 71** FOR THE DIAGNOSIS

From the Postgraduate Institute of Medical Education and Research, Chandigarh, India. Drs. Sharma, Subburaja, and Kumaran are from the Department of Dermatology, Venereology and Leprology, and Dr. Chatterjee is from the Department of Histopathology.

The authors report no conflict of interest.

Correspondence: Muthu Sendhil Kumaran, MD, DNB, MNAMS, Department of Dermatology, Venereology and Leprology, Postgraduate Institute of Medical Education and Research, Sector 12, Chandigarh-160012, India ([drsen\\_2000@yahoo.com](mailto:drsen_2000@yahoo.com)).

doi:10.12788/cutis.0583

## THE DIAGNOSIS:

# Syringoma

**S**yringomas are benign adnexal tumors with distinct histopathologic features, including the characteristic comma- or tadpole-shaped tail comprised of dilated cystic eccrine ducts. Clinically, syringomas typically present predominantly in the periorbital region in adolescent girls. They may present as solitary or multiple lesions, and sites such as the genital area, palms, scalp, and chest rarely can be involved.<sup>1</sup> Eruptive syringoma is a clinical subtype of syringoma that is seen on the face, neck, chest, and axillae that predominantly occurs in females with skin of color in countries such as Asia and Africa before or during puberty.<sup>2,3</sup> Lesions appear as small, flesh-colored or slightly pigmented, flat-topped papules.<sup>3</sup> The condition can be cosmetically disfiguring and difficult to treat, especially in patients with darker skin.

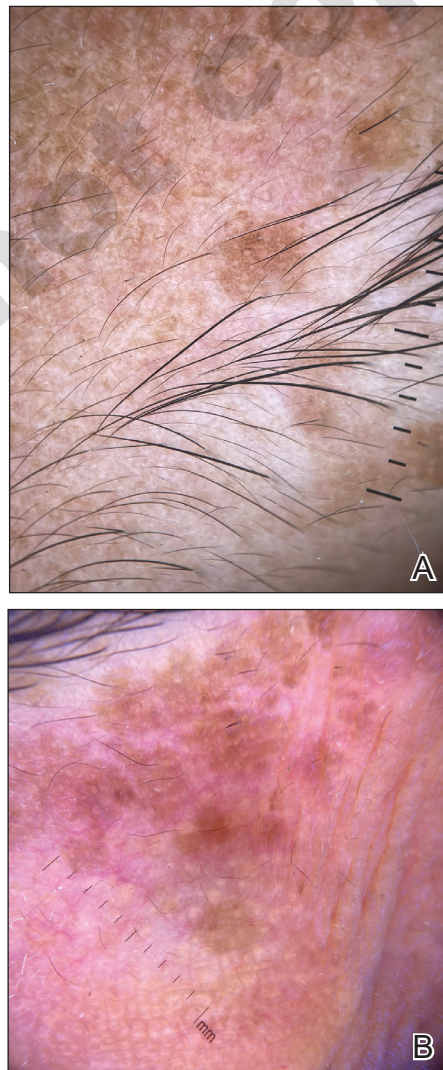
In our patient, dermoscopic evaluation revealed reticular light brown lines, structureless light brown areas, clustered brown dots, globules, and reticular vessels on a faint background (Figure 1A). Glittering yellow-whitish round structures over a fading pink-brown background also were seen at some sites (Figure 1B). Histologic examination of a neck lesion revealed an epidermis with focal acanthosis; the upper dermis had tumor islands and ducts with cells with round to vesicular nuclei and eosinophilic cytoplasm. A well-circumscribed tumor in the dermis composed of tubules of varying sizes lined by cuboidal cells was seen, consistent with syringoma (Figure 2).

Dermoscopic features of syringomas have not been widely studied. Hayashi et al<sup>4</sup> reported the dermoscopic features of unilateral linear syringomas as a delicate and faint reticular pigmentation network and multiple hypopigmented areas. Sakiyama et al<sup>5</sup> also defined an incomplete pigment network with faint erythema in 2 eruptive syringoma cases.

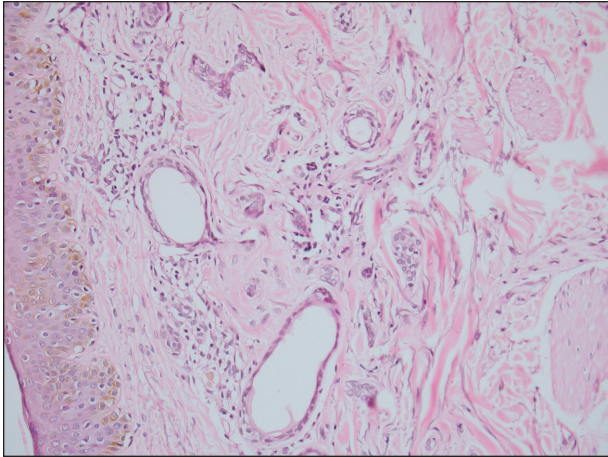
Treatment of this condition is for cosmetic reasons only, and there are no reports of long-term morbidity associated with the disease.<sup>6,7</sup> Multiple therapeutic options are available but are associated with complications such as hyperpigmentation and sclerosis in patients with skin of color due to the dermal location of these syringomas. Management of syringomas includes topical and surgical methods, including topical retinoids such as tretinoin and atropine solution 1%; surgical methods include dermabrasion, excision, cryotherapy, electrocautery, electrofulguration, laser therapy, and chemical cautery. However, there is a substantial risk for recurrence with these treatment options. In a case series of 5 patients with periorbital syringomas, treatment using radiofrequency and a CO<sub>2</sub> laser was performed with favorable outcomes, highlighting the use of combination therapies for treatment.<sup>8</sup> Seo et al<sup>9</sup> reported a retrospective case

series of 92 patients with periorbital syringomas in which they treated one group with CO<sub>2</sub> laser and the other with botulinum toxin A injection; CO<sub>2</sub> laser combined with botulinum toxin A showed a greater effect than laser treatment alone.

The differential diagnosis includes pigmented plane warts, sebaceous hyperplasia, eruptive xanthomas, and hidrocystomas. Pigmented plane warts characteristically present as flat-topped papules with small hemorrhagic dots or tiny pinpoint vessels on dermoscopy. In sebaceous



**FIGURE 1.** A, Dermoscopic evaluation revealed reticular light brown lines, structureless light brown areas, and reticular vessels on a faint background (original magnification  $\times 10$ ). B, Glittering yellow-whitish round structures over a fading pink-brown background also were seen at some sites (original magnification  $\times 10$ ).



**FIGURE 2.** Biopsy of a neck lesion showed a well-circumscribed tumor in the dermis composed of varying size tubules, which were lined by cuboidal cells with round to vesicular nuclei and eosinophilic cytoplasm, characteristic of syringoma (H&E, original magnification  $\times 100$ ).

hyperplasia, yellowish umbilicated papular lesions are seen with crown vessels on dermoscopy. Eruptive xanthomas usually are erythematous to yellow, dome-shaped papules that appear mainly over the extensor aspects of the extremities. Hidrocystoma presents as a solitary translucent larger syringomalike lesion commonly seen in the periorbital region and/or on the cheeks.

We report a case of widespread syringomas with multiple close mimickers such as pigmented plane warts; however, dermoscopy of the lesions helped to arrive at the diagnosis. Dermatologists should be aware of this condition and its benign nature to ensure correct diagnosis and appropriate treatment.

#### REFERENCES

1. Williams K, Shinkai K. Evaluation and management of the patient with multiple syringomas: a systematic review of the literature. *J Am Acad Dermatol.* 2016;74:1234.e9-1240.e9.
2. Tsunemi Y, Ihn H, Saeki H, et al. Generalized eruptive syringoma. *Pediatr Dermatol.* 2005;22:492-493.
3. Singh S, Tewari R, Gupta S. An unusual case of generalised eruptive syringoma in an adult male. *Med J Armed Forces India.* 2014;70:389-391.
4. Hayashi Y, Tanaka M, Nakajima S, et al. Unilateral linear syringoma in a Japanese female: dermoscopic differentiation from lichen lanus linearis. *Dermatol Rep.* 2011;3:E42.
5. Sakiyama M, Maeda M, Fujimoto N, et al. Eruptive syringoma localized in intertriginous areas. *J Dtsch Dermatol Ges.* 2014;12:72-73.
6. Wang JI, Roenigk HH Jr. Treatment of multiple facial syringomas with the carbon dioxide (CO<sub>2</sub>) laser. *Dermatol Surg.* 1999;25:136-139.
7. Tsunemi Y, Ihn H, Saeki H, et al. Generalized eruptive syringoma. *Pediatr Dermatol.* 2005;22:492-493.
8. Hasson A, Farias MM, Nicklas C, et al. Periorbital syringoma treated with radiofrequency and carbon dioxide (CO<sub>2</sub>) laser in 5 patients. *J Drugs Dermatol.* 2012;11:879-880.
9. Seo HM, Choi JY, Min J, et al. Carbon dioxide laser combined with botulinum toxin A for patients with periorbital syringomas [published online March 31, 2016]. *J Cosmet Laser Ther.* 2016; 18:149-153.