

The diagnostic and therapeutic challenges of syringoma

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Pain and pruritus are the most common complaints in patients who present to vulvar clinics.¹ These symptoms can be related to a variety of conditions, including vulvar lesions. There are both common and uncommon vulvar lesions. Vulvar lesions can be skin colored, yellow, and red. Certain lesions can be diagnosed with history and physical examination alone. Some more common lesions include acrochordons (skin tags), benign growths that are common in patients with diabetes, obesity, and pregnancy.^{2,3} Other common vulvar lesions are papillomatosis, lichen simplex chronicus, and epidermoid cysts. Other lesions include low- and high-grade squamous intraepithelial lesions (HSIL).⁴ These lesions require biopsy for diagnosis as high-grade lesions require treatment. HSIL of the vulva is considered a premalignancy that necessitates treatment.⁵ Other lesions that can present with vulvar complaints are molluscum contagiosum, Bartholin gland duct cyst, intradermal melanocytic nevus, and squamous cell carcinoma.

Rarely, other less common conditions can present as vulvar lesions. Syringomas are benign eccrine sweat gland neoplasms. They are more commonly found on the face, neck, or chest.⁶ On the vulva they are generally small subcutaneous skin-colored papules.⁷ They may be asymptomatic and noted only on routine examination.

Vulvar syringomas also may present with symptoms. On the vulva, syringomas often present as pruritic papules that can be isolated or multifocal. Often on the labia majora they range in size from 2 to 20 mm.⁸

They can coalesce to form a larger lesion. They also may be described as painful. When syringomas are pruritic, the overlying skin may appear thickened from rubbing or scratching, and excoriations may be present.

Since vulvar syringomas are rare, there is no standard treatment. Biopsy is necessary for definitive diagnosis. For asymptomatic cases, expectant management is warranted. In symptomatic cases treatment can be considered. Treatment options include cryotherapy, laser ablation, and intralesional electrodissection.⁸ Intralesional electrodissection and curettage also has been described as treatment.⁹ Other treatment options include surgical excision of individual lesions or larger excisions if multifocal.

The case study described in the following article highlights the diagnostic and therapeutic challenges associated with rare lesions of the vulva. Referral to a specialty clinic may be warranted in these challenging cases. ●

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