

Clinicopathological spectrum of syringoma: a report of 50 cases from A tertiary care hospital in eastern India

Divya Tiwari

Consultant Physician, India

Background: Syringoma is a benign adnexal neoplasm and is considered safe with very low malignant potential. However, multiple tiny lesions typically affect the face and exposed area, which may cause a cosmetic concern for the patient. After a clinical diagnosis, there are two methods to diagnose syringoma: fine needle aspiration cytology (FNAC) and histopathology. FNAC is generally used for the initial evaluation of syringoma, while histopathology is used as a confirmatory test to diagnose syringoma. In developing and resource-limited settings, the combination of FNAC and histopathology would cause a financial and logistics burden.

Objective: This study aimed to observe the cytological and histopathological features of cases clinically diagnosed as syringomas in a tertiary care hospital to suggest the use of either FNAC or histopathology for diagnosing syringoma.

Materials and Methods: This cross-sectional observational study was conducted in the Department of Dermatology and Department of Pathology of a tertiary care hospital in eastern India from November 2021 to April 2022. Any clinically provisionally diagnosed case of syringoma was recruited for the study after obtaining informed consent for voluntary participation. With aseptic precautions, the tissue aspirates and punch biopsy were obtained in the Department of Dermatology and the samples were sent to the Department of Pathology. Cytological and histological examination was conducted by a single expert pathologist.

Result: A total of 50 cases (36 female, 14 male) with a median age of 23 years (range 10-40 years) were included in the study. A total of 43 cases were presented with papular lesions and seven with nodules. In the majority of the cases (40%), the lesion was in the eyelid followed by 26% in the arm. In FNAC, 22 cases were found to be benign adnexal lesions, 16 were suggestive of syringoma, eight were diagnosed as xanthoma, two were diagnosed as warts, and two cases were inadequate for opinion. Histologically, 42 cases were confirmed as syringoma, six were diagnosed as xanthoma, and two cases were diagnosed as warts. There was a significant difference between diagnosis by FNAC and histopathology (McNemar $\chi^2 = 24.038$, p-value = 0.0001).

Conclusion: We found that FNAC and histopathological diagnosis of syringoma may not be corroborative. Benign adnexal lesions are difficult to categorize by FNAC. Histopathological examination of clinically diagnosed cases of syringoma is of help for definitive diagnosis. Hence, FNAC may be avoided for saving time and discomfort for the patients and clinically diagnosed cases may be diagnosed by histopathological examination.

Biography

Dr Divya Tiwari is a Consultant in Geriatric and General Medicine at Royal Bournemouth Hospital where she has worked since 2009. Her clinical interests include old age neurology and Parkinson's disease, and her research interests are towards outcomes research.