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**Journal**

Dermatology Online Journal, 24(4)

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**Publication Date**

2018

**DOI**

10.5070/D3244039370

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# Syringocystadenoma papilliferum on the mons pubis

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## Abstract

It is relatively rare to find syringocystadenoma papilliferum (SCAP) outside the head and neck region and extremely rare in the anogenital area. Characteristic histological features such as cystic invaginations, glandular epithelium showing decapitation secretion, and stroma with plasma cells are important for making the diagnosis. We present a rare case of SCAP on the mons pubis of a 13-year-old girl and compare cases of SCAP from other rare locations.

*Keywords: syringocystadenoma papilliferum, mons pubis, epithelial hyperplasia*

## Introduction

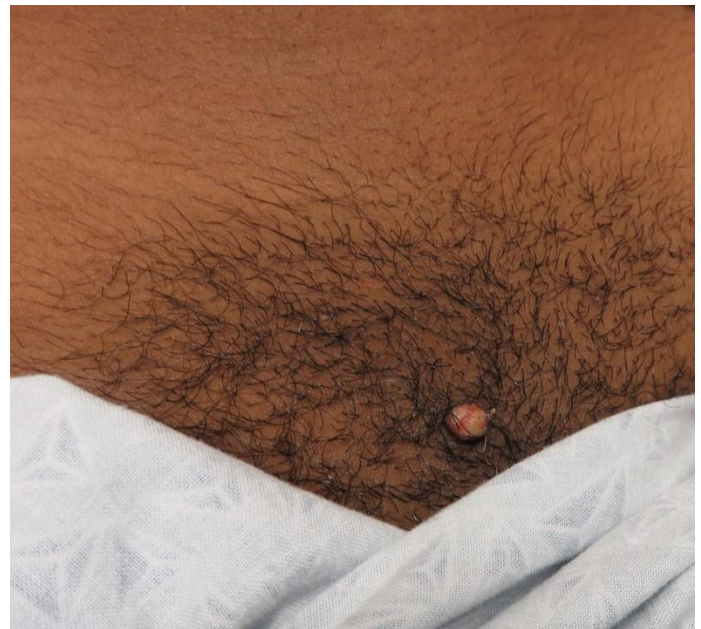
Syringocystadenoma papilliferum (SCAP) is a solitary tumor most commonly occurring on the scalp. When it occurs elsewhere, histological examination becomes of paramount importance in making the correct diagnosis.

## Case Synopsis

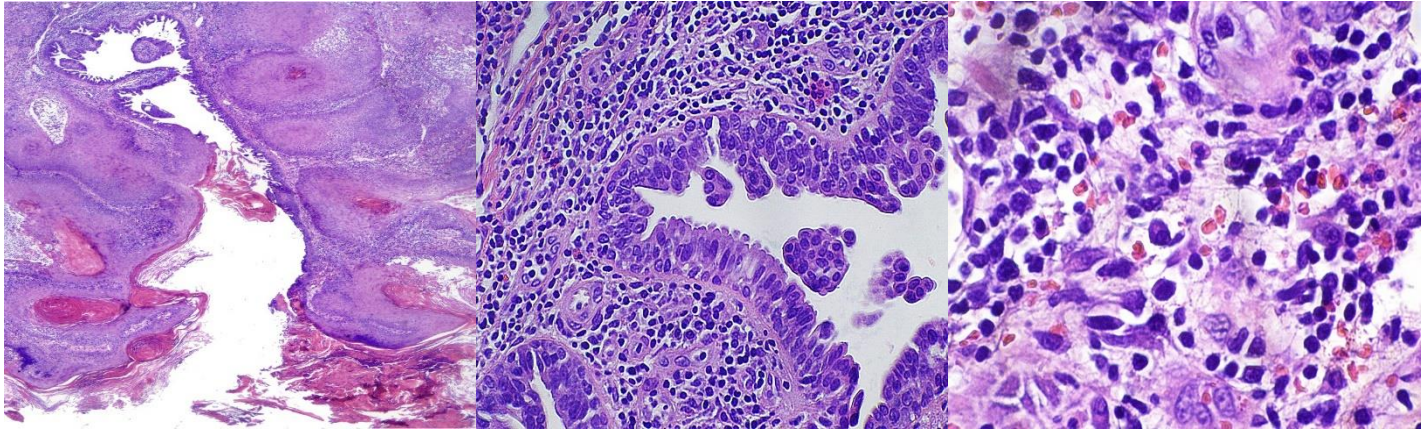
A 13-year-old girl was referred to our dermatology clinic for the evaluation of a "skin tag" on her mons pubis. The patient reported a papule like a "small pimple" that appeared 10 months prior to presentation and enlarged slowly. The growth was occasionally pruritic with intermittent mild bleeding. The patient gave a history of shaving this area. Apart from a previous history of

intermittent atopic dermatitis she was otherwise healthy. The patient's mother denied a family history of any similar lesions.

On physical examination, a 5mm×5mm red hyperkeratotic papule with overlying yellow crusting was noted on the midline mons pubis (**Figure 1**). Our provisional diagnosis was pyogenic granuloma given the history of trauma (shaving) and intermittent bleeding. A shave biopsy of the entire papule was performed with electrocautery of the base.



**Figure 1.** Clinical appearance of the tumor. A 5mm×5mm red hyperkeratotic papule with overlying yellow impetiginization was noted on midline mons pubis



**Figure 2.** Histopathology of the tumor. **A)** Marked endophytic epidermal hyperplasia, prominent neutrophilic and eosinophilic exocytosis with focal intraepidermal microabscess formation, and focal intraspinous acantholysis were noted at low magnification, H&E, 2.5x. **B)** There were areas of cystic invaginations extending from the epidermis down to the deep dermis. The lower portion of the cystic invaginations revealed glandular epithelium with two layers of cells, in which the surface layer focally showed decapitation secretion. H&E, 20x. **C)** The stroma of the papillary projections had a dense infiltrate with lymphocytes and scattered plasma cells. H&E, 40x.

Histopathology of the tumor revealed marked endophytic epidermal hyperplasia, prominent neutrophilic and eosinophilic exocytosis with focal intraepidermal microabscess formation, and focal intraspinous acantholysis. There were also areas of cystic invaginations extending from the epidermis down to the deep dermis (**Figure 2a**). The lower portion of the cystic invaginations revealed glandular epithelium with two layers of cells, in which the surface layer of the cells focally showed decapitation secretion (**Figure 2b**). The stroma of the papillary projections had a dense infiltrate with lymphocytes and scattered plasma cells (**Figure 2c**). These changes were interpreted as SCAP.

### Case Discussion

Syringocystadenoma papilliferum is commonly seen on the scalp or on the face, but is sometimes seen elsewhere. **Table 1** shows the previous reported cases in the anogenital region, including the present case. To our knowledge, there have been 8 cases reported in the anogenital area: 4 on the vulva and the labia majora, 2 on the scrotum, and 1 each in the pubic area and in the inguinal fold [1-8]. The previous report of SCAP on the pubic area did not exhibit enough histopathological evidence of SCAP; there was no mention of plasma cells in the stroma nor of

apocrine secretion, which makes the diagnosis of SCAP in this case questionable [4]. Because of the location of the tumor, the differential diagnosis included hidradenoma papilliferum, an entity that usually occurs in women in the labia majora, perineal, or perianal areas. It is usually located in the dermis, is well-circumscribed with a fibrous pseudocapsule, and lacks a connection with the epidermis. Epidermal connection in hidradenoma papilliferum is extremely rare [9]. The presence of a connection to the epidermal surface, an inflammatory infiltrate composed of plasma cells, and the lack of a fibrous capsule favors a diagnosis of SCAP. Since SCAP in the anogenital area is rare, a strict adherence to the characteristic pathologic criteria should be maintained when considering the diagnosis in this location. The present case is unique histologically in that it has prominent epidermal hyperplasia (**Figure 2a**), likely related to excoriation.

### Conclusion

This case serves to raise awareness of syringocystadenoma papilliferum on the mons pubis, a rare location for this entity. Appropriate diagnosis requires clinical suspicion and confirmation of characteristic histopathologic findings.

**Table 1.** SCAP cases reported on the anogenital area.

	Lee et al. 2002 [1]	Goshima et al. 2003 [2]	Al-Brahim et al. 2005 [3]	Pahwa et al. 2011 [4]	Ghosh et al. 2012 [5]	Dufrechou et al. 2013 [6]	Steshenko et al. 2014 [7]	Nascimento et al. 2015 [8]	Present case
Age	30	33	64	18	36	8	36	8	13
Gender	f	m	f	f	f	m	f	f	f
Location	labia majora	scrotum	vulva	pubic region	inguinal fold	scrotum	vulva	vulva	mons pubis
Papillary projections of squamous epithelium into the dermis forming ductal structures lined by glandular epithelium with two rows of cells	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)
An outer layer of cuboidal cells and an inner layer of cylindric cells	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)
An inflammatory infiltrate composed of plasma cells	(+)	(+)	(+)	not mentioned	(+)	(+)	not mentioned	(+)	(+)
Decapitation secretion	(+)	(+)	not mentioned	not mentioned	(+)	(+)	(+)	(+)	(+)
Cystic space opening on the epidermal surface	(+)	(+)	(+)	(+)	(+)	Not mentioned	(+)	(+)	(+)
Epidermal hyperplasia	(-)	(-)	(-)	(-)	(-)	(-)	(-)	(-)	(+)

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