Our Dermatology Online

Clinical Image

A papilliferum syringocystadenoma on nevus sebaceous of Jadassohn

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An 11-year-old girl presented with a lesion that had been growing for a month on a congenital pre-existing scalp lesion. Dermatological examination revealed a 3cm yellowish alopecic patch with a verrucous surface on the temporal area, surmounted in its lower extremity by a 1cm erythematous growth (Fig. 1). Dermoscopy showed yellowish globules and a brownish background for the yellowish patch (Fig. 2a), while the excrescence displayed hemorrhagic suffusions, an erythematous background, and polymorphic vascularization (Fig. 2b).

An excisional biopsy revealed a hyperplastic, verrucous epidermis topped by ortho- and parakeratotic keratosis. The dermis was the site of papillary glandular proliferation in connection with the epidermis. It was bordered by a double layer of apocrine epithelial and myoepithelial cells. There was an associated lymphoplasmacytic inflammatory infiltrate, concluding to a syringocystadenoma papilliferum.

Nevus sebaceus of Jadassohn (NSJ) is a congenital dysembryoplasia involving the pilosebaceous follicle, epidermis and other adnexal structures. Clinically, it presents as a yellowish alopecic patch in childhood, which becomes verrucous and raises at puberty. NSJ is characterized by a risk of transformation into malignant tumors such as basal cell carcinoma or the development of secondary benign adnexal tumors. This usually occurs after the age of 40 years [1]. However, our patient developed a papilliferum syringocystadenoma at an early age. It is a benign apocrine sweat tumor, and one of the most common tumors to arise in the NSJ [2].

Figure 1 : Erythematous growth resting on a yellowish alopecic plaque.

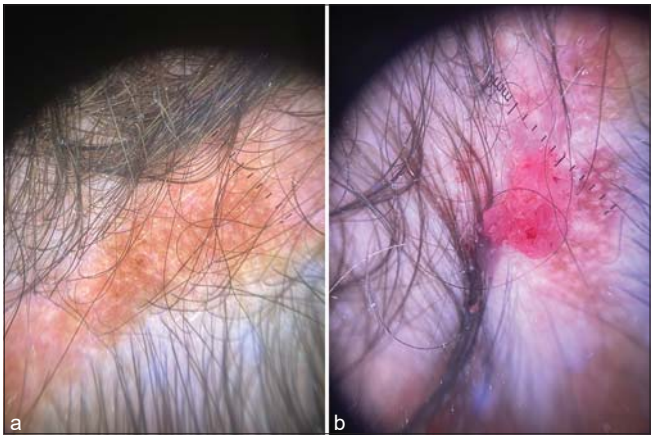

Figure 2: (a) Eythematous background, hemorrhagic suffusions and polymorphous vessels (b) Yellowish globules and brown background.

It's characterized histologically by the presence of papillary processes lined with two layers of epithelial cells. [3].

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In view of the progressive nature of the NSJ, some authors propose excision with a histological study around puberty, while others take a more conservative approach, proposing excision only if there are clinical signs of malignant transformation of the NSJ.

Consent

The examination of the patient was conducted according to the principles of the Declaration of Helsinki.

The authors certify that they have obtained all appropriate patient consent forms, in which the patients gave their consent for images and other clinical information to be included in the journal. The patients understand that their names and initials will not be published and due effort will be made to conceal their identity, but that anonymity cannot be guaranteed.

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