

- vention of necrosis of the scalp after embolization and surgery for meningioma. *Surg Neurol* 1986; 25: 357–360.
4. Kendall B, Moseley I. Therapeutic embolization of the external carotid arterial tree. *J Neurol Neurosurg Psychiatry* 1977; 40: 937–950.
 5. Chan RC, Thompson GB. Ischemic necrosis of the scalp after pre-operative embolization of meningeal tumors. *Neurosurgery* 1984; 15: 76–81.
 6. Dawber RPR, Ebling FJG, Wojnarowska FT. Disorders of hair. In: Champion RH, Burton JL, Ebling FJG, eds. *Textbook of der-*

matology. 5th edn, Vol 3. Oxford: Blackwell Scientific Publications 1992: 2598.

Accepted August 26, 1998.

L. Toutous-Trellu, P. Chavaz and P. Piletta
Department of Dermatology, University Hospital, rue Micheli
Ducrest, CH-1211 Genève 4, Switzerland.

Syringocystadenoma Papilliferum without an Antecedent Naevus Sebaceous

Sir,

Syringocystadenoma papilliferum (SP), an uncommon sweat gland tumour, most often arises within a pre-existing naevus sebaceous, but also may sometimes appear by itself. We report here a case of SP not associated with nevus sebaceous, which clinically resembled a pyogenic granuloma.

CASE REPORT

A 56-year-old man presented with a red tumour on his right cheek. The lesion had first appeared 10 years earlier. It had slowly enlarged over the ensuing years, and 3 years previously had begun to bleed readily after a slight injury. He was in excellent health and had no other skin lesions. An examination revealed a well-circumscribed, red-coloured, rounded, solitary 6 × 6 mm tumour with a crust in the centre (Fig. 1). The lesion was excised. A histological examination disclosed papilliferous and ductal structures leading from the surface into the dermis. The epithelial lining consisted of a double-layered epithelium with an inner layer of tall columnar cells and an outer layer of small cuboidal cells. The stroma exhibited a plasma cell-rich infiltrate and a proliferation of

small blood vessels. Histopathological examination indicated a diagnosis of SP. There was no evidence of adjacent epidermal nevus.

DISCUSSION

In most cases (40%), SP arises within a pre-existent nevus sebaceous present from childhood on the face or scalp, but it might arise as an isolated, acquired tumour without an antecedent nevus sebaceous (1). SP is not clinically distinct and a histological examination is usually required to make the diagnosis (1). The clinical features vary from an irregular, flat, grey or red area to a grey or dark brown, raised, cauliflower-like, verrucous, papillary, hyperkeratotic or sometimes moist, fleshy excrescence (2, 3). Those not associated with naevus sebaceous show hyperkeratotic or verrucous changes in the epidermal surfaces (4). Our patient was unique in that his tumour was similar to a pyogenic granuloma, probably due to the high proliferation of small blood vessels in the stroma of the tumour, and that it occurred late in life.

REFERENCES

1. Mammino JJ, Vidmar DA. Syringocystadenoma papilliferum. *Int J Dermatol* 1991; 30: 763–766.
2. Helwig EB, Hackney VC. Syringocystadenoma papilliferum. *Arch Dermatol* 1955; 71: 361–372.
3. Pinkus H. Life history of naevus syringoadenomatous papilliferus. *Arch Dermatol Syph* 1954; 69: 305–322.
4. Skelton HG, Smith KJ, Young D, Lupton GP. Condyloma acuminatum associated with syringocystadenoma papilliferum. *Am J Dermatopathol* 1994; 16: 628–630.

Accepted October 14, 1998.

Tetsuya Koga, Yumiko Kubota and Juichiro Nakayama
Department of Dermatology, School of Medicine, Fukuoka University, 7-45-1 Nanakuma, Jonan-ku, J-814-0180 Fukuoka, Japan.



Fig. 1. Close up of syringocystadenoma papilliferum on the right cheek. Senile lentigines are visible around the lesion.