

QUIZ SECTION

Eruptive Widespread Papular Eruption on the Abdomen: A Quiz

Maria Lentini¹ and Carmelo Schepis^{2*}¹Department of Human Pathology University of Messina, Messina, and ²Unit of Dermatology, Oasi Institute (IRCCS), Via Conte Ruggero, 73, IT-94018 Troina (EN), Italy. *E-mail: cscchepis@oasi.en.it

A 32-year-old Caucasian woman presented with a 3-month history of a sudden widespread papular eruption. She was immunocompetent and did not have a temperature or other systemic symptoms. Laboratory testing showed normal findings and her medical history was unremarkable. On physical examination the lesions were found to be multiple asymptomatic, monomorphic, 1–2 mm red-coloured lenticular papules, distributed mainly on the abdomen and pubic area (Fig. 1A). A few

similar, skin-coloured, lesions were detectable on the lower eyelids. Histological examination of a punch-biopsy specimen from the patient's abdominal lesional skin, revealed the presence of epithelial cords within the dermis, and multiple small ducts with amorphous, keratinous material in their lumina (Fig. 1B). Furthermore, a lot of clear cell nests were detected.

What is your diagnosis? See next page for answer.

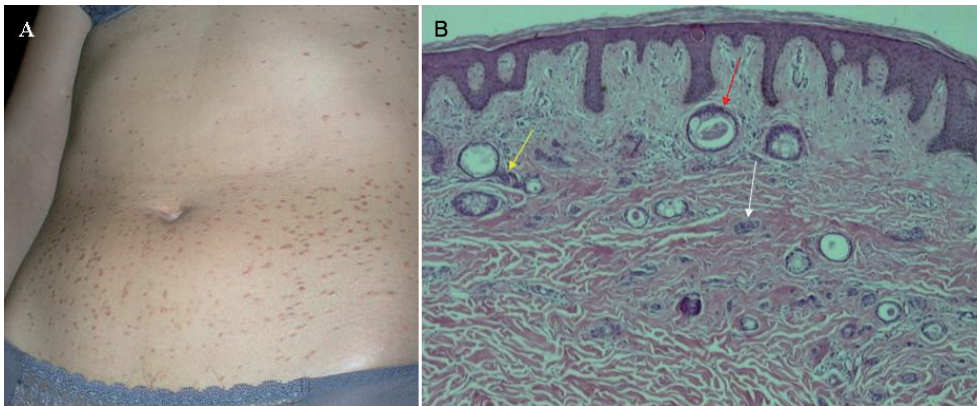


Fig. 1. (A) 1–2 mm red-coloured monomorphic lenticular papules, distributed on the abdomen and pubic area. A few similar skin-coloured lesions on the lower eyelids. (B) Histological examination revealed epithelial cords within the dermis (white arrow) and multiple small ducts (red and yellow arrows), lined with two rows of flattened epithelial cells, the outer layer bulging outwards to create a comma-like tail (yellow arrow).

doi: 10.2340/00015555-0908

ANSWERS TO QUIZ

Eruptive Widespread Papular Eruption on the Abdomen: Comment

Acta Derm Venereol 2011; 91: 108–111 (contd).

Diagnosis: Clear cell syringoma, eruptive variant

Syringomas are single or multiple benign eccrine sweat gland tumours, which are more frequent in women. They appear as small, skin-coloured or yellowish papules on the eyelids or, rarely, on the neck, *antecubital fossae*, abdomen and genitalia. Four principal clinical variants are reported: a more common localized form on the eyelids; a very rare familial form; a variant associated with Down's syndrome; and a generalized variant that encompasses multiple and eruptive syringomas (1, 2).

The eruptive form is rare, usually occurs before or during puberty (3), and affects mainly Eastern populations. It is unusual in Down's syndrome (4). The eruptive variant does not differ histologically from classic syringoma. The clear-cell variant has been clinically associated with *diabetes mellitus* (5). Independently of the clinical presentation, the lesions may resolve spontaneously or, more commonly, remain stable. Electro-

dissection, cryotherapy, laser and topical or systemic retinoids treatment have been used without satisfactory results (6).

REFERENCES

1. Friedman SJ, Butler DF. Syringoma presenting as milia. *J Am Acad Dermatol* 1987; 16: 310–314.
2. Schepis C, Torre V, Siragusa M, Albero F, Ricciarello R, Gagliardi ME, et al. Eruptive syringomas with calcium deposits in a young woman with Down's syndrome. *Dermatology* 2001; 203: 345–347.
3. Soler-Carrillo J, Estrach T, Mascaró JM. Eruptive syringoma: 27 new cases and review of the literature. *J Eur Acad Dermatol Venereol* 2001; 15: 242–246.
4. Schepis C, Siragusa M, Palazzo R, Ragusa RM, Massi G, Fabrizi G. Palpebral syringomas and Down's syndrome. *Dermatology* 1994; 189: 248–250.
5. Furue M, Hori Y, Nakabayashi Y. Clear cells syringoma. Association with diabetes mellitus. *Am J Dermatopathol* 1984; 6: 131–138.
6. Silva CS, Souza MB, Lima KA, de Almeida MA, Criado PR. Generalized eruptive syringoma. Case report. *Dermatol Online J* 2009; 15: 7.