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# Syringocystadenoma papilliferum of the scalp

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## Abstract

Syringocystadenoma papilliferum is a rare, benign adnexal tumor of eccrine or apocrine origin that typically presents at birth or before puberty. Syringocystadenoma papilliferum is associated with a nevus sebaceus in about 40% of cases. We present a 50-year-old woman with a pink-orange plaque and nodule on the scalp, consistent with syringocystadenoma papilliferum that arose within a nevus sebaceus.

**Keywords:** syringocystadenoma papilliferum, adnexal tumor, nevus sebaceus

## Introduction

Syringocystadenoma papilliferum (SCAP) is a benign adnexal tumor of eccrine or apocrine origin that typically presents at birth or before puberty [1]. Syringocystadenoma papilliferum most commonly occurs on the scalp or face and is associated with an underlying nevus sebaceus in about 40% of cases.

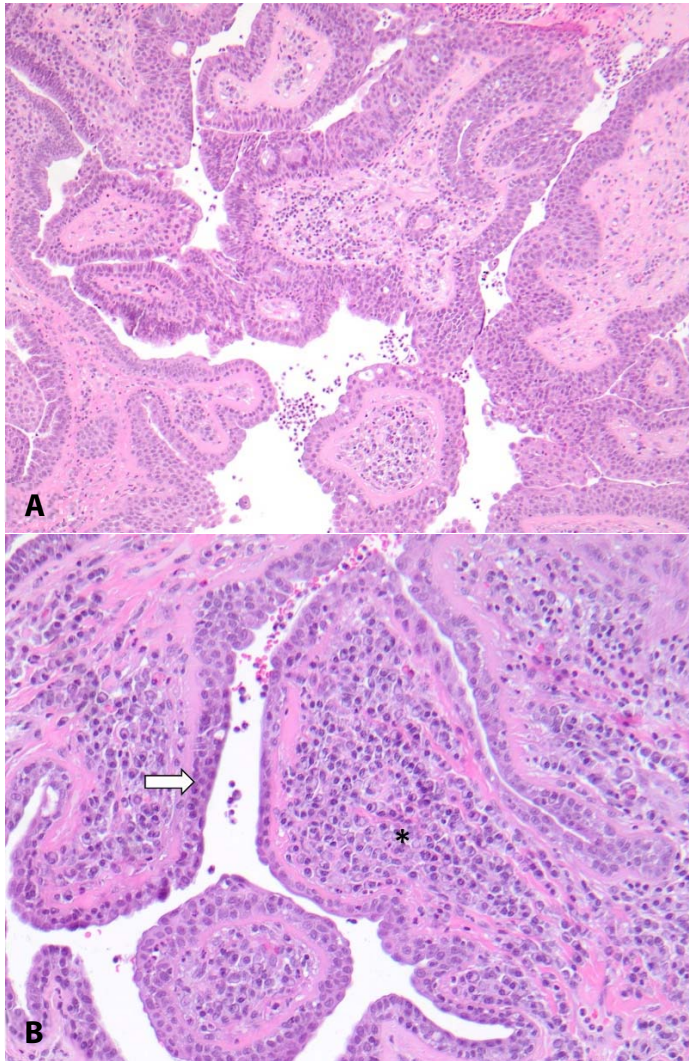
## Case Synopsis

A 50-year-old woman presented with a pink-orange nodule overlying a yellow, thin verrucous plaque on the scalp (**Figure 1**). The nodule was 1.2cm in diameter and was mildly tender when palpated. The verrucous plaque had been evident to the patient since puberty. However, the nodule was new and had been slowly growing over the past year. She was otherwise asymptomatic and healthy.

Shave biopsy of the nodule was performed and revealed a cystic invagination of the epidermis containing numerous papillary projections extending into the cystic spaces. The papillary projections were lined by glandular epithelium with one or more luminal rows of columnar cells and an outer row of cuboidal cells (**Figure 2**). There was an inflammatory infiltrate containing many plasma cells



**Figure 1. A)** 1.2cm red nodule arising from a yellow verrucous plaque on the scalp. **B)** Magnified view of the lesion.



**Figure 2.** H&E staining of the biopsy specimen **A)** revealing cystic invagination of the epidermis with numerous papillary projections lined by glandular appearing cells, 100 $\times$ . **B)** High power view of the specimen revealing papillary projections of dermis lined by cuboidal glandular epithelium (arrow) with an inflammatory infiltrate composed primarily of plasma cells within the core of each dermal papilla (asterisk), 200 $\times$ .

at the core of the dermal papilla. Apocrine glands were also observed in the deep dermis. These findings were consistent with the diagnosis of SCAP arising within a nevus sebaceus.

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## Case Discussion

Syringocystadenoma papilliferum is commonly seen as a solitary adnexal tumor on the scalp or face and is seen at birth or before puberty [1]. It typically presents as an asymptomatic, red orange single nodule and a biopsy is usually required to make a definitive diagnosis [1,2].

Syringocystadenoma papilliferum is a benign neoplasm but malignancies such as basal cell carcinoma can rarely arise within a nevus sebaceus and can overlap clinically with a SCAP [3,4]. It is important to obtain a biopsy of these lesions to ensure that a malignancy is not overlooked. Clinical observation of a biopsy proven SCAP is a reasonable choice. Conservative surgical excision including the entire nevus sebaceus is often the preferred course of action because patients are often bothered by these plaques as they are frequently traumatized and alopecic [5]. Surgical excision was discussed with this patient. However, because the biopsy removed all of the lesion that was visible and tender to the patient she was not bothered by the residual nevus sebaceus plaque, which was easily covered by her hair. The patient elected for observation and has not had a clinical recurrence to date.

## Conclusion

This case describes the uncommon occurrence of SCAP in an adult female. Although SCAP typically presents at birth or before puberty, it is important for clinicians to be aware of this presentation in adult patients and consider SCAP in their diagnosis; it is more likely when a growth arises in nevus sebaceus.

## Potential conflicts of interest

The authors declare no conflicts of interest in connection with this article.

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