

# Unilateral Volar Annular Syringomata

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*We report a case of a 71-year-old woman with an atypical unilateral and focally annular distribution of asymptomatic syringomata on the volar surface of the left forearm. We are unaware of previous reports of isolated unilateral syringomata presenting with an annular pattern on the volar distal extremity.*

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## Case Report

A 71-year-old woman presented with a 5-year history of small asymptomatic papules on her left flexural forearm. All lesions erupted simultaneously and had thereafter remained in a stable configuration. The patient had not received any prior treatment for these lesions nor was there any history of prior trauma to the left arm. Her past medical history was significant for hypothyroidism, premature ventricular contractions, and diverticulitis. Her thyroid disease had been well-controlled with levothyroxine sodium. Other medications included atorvastatin calcium, alendronate sodium, folic acid, niacin, esomeprazole magnesium, and zolpidem tartrate. Family history was unremarkable. She did not smoke tobacco or drink alcohol.

On physical examination, there were multiple 1- to 2-mm brown and brownish red flat-topped papules in a clustered and focally annular distribution on the volar surface of the left forearm (Figure 1). The initial clinical impression was that of papular granuloma annulare or annular flat warts. A biopsy specimen of one of the lesions demonstrated a desmoplastic stroma with ductular structures lined by epithelial cells, several of which appeared glycogenated. A tadpolelike configuration of several of the ductular structures was apparent (Figure 2). These findings were diagnostic of a syringoma.



**Figure 1.** Clustered and focally annular arrangement of 1- to 2-mm brown and brownish red flat-topped papules on the volar surface of the left forearm.

As the lesions were not particularly concerning to the patient, no treatment was rendered to remove the lesions, and only routine follow-up was recommended.

## Comment

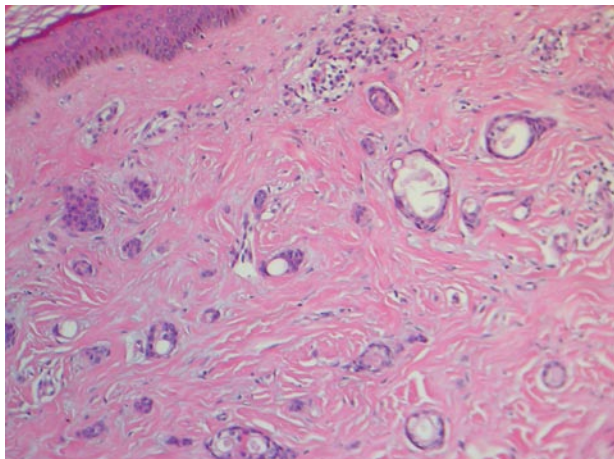
Syringomata are benign adnexal neoplasms formed by the well-differentiated intraepidermal ductal portion of the eccrine gland. The name is derived from the Greek word *syrix*, meaning pipe or tube. Females are more commonly affected than males. Lesions tend to occur during puberty, though they may develop later in life. Syringomata are most commonly found on the face, especially in the periocular and upper maxillary areas. However, they are occasionally observed in the axillae, chest, abdomen, extremities, genitalia, and buttocks. The lesions usually appear as clustered skin-colored to pink/yellow or translucent dermal papules, most often in a symmetrical distribution. The differential diagnosis may include basal cell carcinoma, trichoepithelioma, and granuloma annulare. A generalized eruptive pattern of syringomas is well-described, as is the association of these lesions with the Brooke-Speigler syndrome (ie, multiple cylindromas, trichoepitheliomas, spiradenomas) and patients with trisomy 21 syndrome. Less commonly, unilateral syringomas have been

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**Figure 2.** A desmoplastic stroma with tadpolelike ductular structures characteristic of syringoma (H&E, original magnification  $\times 200$ ).

described. Atypical patterns of unilateral syringomata include a unilateral linear, unilateral nevoid, unilateral linear and nevoid, and multiple unilateral plaquetype.<sup>1-5</sup> Aliagaoglu et al<sup>6</sup> reported a patient with unilateral syringoma of the face associated with hyperthyroidism.

Classic histology demonstrates numerous small ducts lined by 2 rows of epithelial cells embedded in a fibrous stroma. The lumina contain amorphous debris, and several of the ducts possess small comma-shaped tails of epithelial cells, giving them the characteristic appearance of so-called tadpoles.

Syringomas are benign lesions that do not require treatment unless the patient finds them aesthetically unacceptable. Ablative modalities,

including excision, dermabrasion, laser therapy, trichloroacetic acid, or electrodesiccation and curettage may be used to remove unwanted lesions.

Our patient with a history of hypothyroidism presented with an unusual annular distribution of asymptomatic papules on the volar surface of the left forearm that exhibited characteristic histopathologic features of syringomata. Although linear and nevoid variations have been described, we are unaware of previous cases of syringomata presenting in an isolated unilateral annular pattern on the volar distal extremity. Physicians should consider performing biopsies of annular papules on the extremities to rule out the possibility of syringomata so that unnecessary and ineffective treatments are avoided.

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