Mixed Tumour of Ala-Nasi: A Rare Case Report and Review

ANJI REDDY KALLAM1, R. KRISHNA2, RAYAPA REDDY THUMMA2, VIDYA KEDAR SETTY4

ABSTRACT
A chondroid syringoma, or a mixed tumour of skin, is a rare, benign skin adnexal tumour of sweat gland origin, which is most commonly seen in the head and neck region of patients who are in the sixth and seventh decades. These tumours usually present as asymptomatic, slowly growing masses. We are reporting a rare case of a chondroid syringoma of Rt. ala nasi in a 50 years old female. The swelling had started 4 years back as a small nodule and it had gradually increased in size to 2x2 cms. It was located subcutaneously and it was projecting into the anterior nares. A clinical diagnosis of a benign adenexal tumour (adenoma) or a solitary neurofibroma was made and an excision was planned. Histopathology revealed features of a chondroid adenoma. We are reporting this case because of its rare and unusual site of occurrence and so far, in the available literature, no such case has been reported on tumours of alar nasi.

Key words: Chondroid syringoma, Pleomorphic adenoma, Skin tumour

INTRODUCTION
A chondroid syringoma, an uncommon skin adnexal tumour which is of sweat gland origin, is also referred to as a cutaneous mixed tumour, because it consists of both epithelial and myoepithelial cell types. The incidence of chondroid syringomas among primary skin tumours is low and it is usually seen in the middle aged and older male patients as small, single dermal or subcutaneous nodules in the head and neck area. A malignant transformation is very uncommon [1,2]. No characteristic clinical features are seen and so, a definite diagnosis can be made only by doing a histopathological examination. We are presenting this case because of its rarity and unusual site of occurrence (ala nasi).

CASE REPORT
A 50–year–old female presented with an asymptomatic, slowly growing painless swelling in the right alanasi, which had a duration of 4 years. She was referred from the ESI hospital with a diagnosis of ? a tumour of vascular origin or a sebaceous cyst. She had no history of trauma. Her physical examination revealed a firm, painless and a mobile nodule which was of size, 2 x 2 cm, which was covered by skin and was located in the right alanasi, which projected into the anterior nares without any overlying skin changes [Table/Fig-1]. A clinical diagnosis of a benign adnexal tumour (adenoma) or a solitary neurofibroma was made. An excision was done through an incision in the alar crease. The tumour was carefully separated from the overlying skin and the nasal mucosa, without damaging the true capsule and the tumour could be shelled out completely. After trimming the redundant skin, the skin was closed along the alar crease. The integrity of the alar base and alar rim and tip of the nose was maintained. The subcutaneous nodule was subjected to histopathology and a clinical diagnosis of an adenoma was made. Gross examination revealed a grey white nodule which measured 2 x 2 cm, which was firm in consistency. Cut section showed an encapsulated solid grey white appearance with focal translucent areas [Table/Fig-2]. Histopathologic examination revealed a well- encapsulated lesion which was composed of numerous, small, non branching tubules which were set in a myxoid and cartilaginous stroma [Table/Fig-3 & 4]. Based on this morphology, a definitive diagnosis of a chondroid syringoma was made.

DISCUSSION
A chondroid syringoma, which is also known as a mixed tumour of the skin, is a rare, benign adnexal tumour of sweat gland origin, which is composed of both epithelial and mesenchymal components and it is histologically similar to benign mixed tumours of salivary glands [3]. The aetiopathogenesis of these tumours is unknown, but some authors suggest the hypothesis of an epithelial and a mesenchymal origin [2-5].

The first case is believed to have been reported by Nasse et al., in 1892. In 1961, Hirsch and Helwig reported a large series in which they coined the term, ‘chondroid syringoma’ for these tumours, owing to the presence of a sweat gland like epithelial component and frequent cartilaginous like stroma. They proposed the following five...
nodules, tumour necrosis, and involvement of deep structures are such as cytological atypia, infiltrative margins, satellite tumour is observed more commonly in the extremities. Histological findings predominantly in females, it has no age related predilection, and it [6,8]. Unlike its benign counterpart, the malignant form occurs although most are benign, malignant forms have been reported [5,8]. Unlike its benign counterpart, the malignant form occurs predominantly in females, it has no age related predilection, and it is observed more commonly in the extremities. Histological findings such as cytological atypia, infiltrative margins, satellite tumour nodules, tumour necrosis, and involvement of deep structures are considered as signs of a malignant transformation [2,5].

Because of its malignant potential, complete excision of a chondroid syringoma must be done. The patient should be followed carefully for both local recurrence and metastasis.

CONCLUSION

We are reporting this case because of its rarity, particularly its location in the nose and ala nasi. So far, no such case has been reported in the world literature. A skin incision was made along the natural alar crease line and with a careful dissection, the tumour, could be completely and successfully excised without disturbing the aesthetic appearance of the nose. Histologically, chondroid syringomas share similarities with pleomorphic adenomas, which are mixed tumours that arise from the salivary glands. In contrast to pleomorphic adenomas, chondroid syringomas arise from sweat glands. Optimal treatment of benign chondroid syringomas is surgical excision. Fine needle aspiration cytology has been used for diagnostic purposes and it may prove to be useful, to determine pathology before excision. However, examination of the excised tissue is most reliable in establishing a definitive diagnosis.

Chondroid syringomas are rare and usually benign and most often, they are seen in the head and neck region. This tumour should be included in the differential diagnosis of cutaneous head and neck tumours, especially in middle aged individuals and a close follow-up is recommended, to check for chances of recurrence and a risk for malignant transformation.

REFERENCES