**CASE DISCUSSION**

**Case Report**
- A six year old African-American child presented with several lesions that begin under the chin and upper neck.
- In few months she developed extensive 2-3 mm hyperpigmented small linear papules over the neck, upper chest and axilla bilaterally.
- The lesions were non-painful and did not itch or bleed.
- There was also an incidental finding of Café au lait macule seen in the mid back of the patient.

**DIFFERENTIAL DIAGNOSIS**

- Low power (10x) shows multiple small ducts which are showing tadpole shaped or paisley-like pattern with dense red scrotic or follicular stroma.
- High power (40x) shows small ducts with 2 layers of epithelium which have nests and strands of cells with basalioid appearance. The dilated glands with eosinophilic material.

**TREATMENT**

- Dermabrasion
- Various methods of excision
- Cryosurgery
- Electrodesiccation
- Chemical peeling
- Oral and topical retinooids
- Carbon dioxide laser
- Topical atropine

**FOLLOW UP AND PROGNOSIS**

- The patient was reassured that it was a benign lesion
- Treated conservatively due to the age of the patient.
- Follow up revealed that the lesions subsided without medical or surgical intervention over the years.

**CONCLUSION**

- Eruptive Syringomas are benign adnexal neoplasms that mimic many inflammatory and malignant tumors.
- Biopsy is required to histologically differentiate with other skin lesions.
- Various options of treatment is available
- Associations with Down’s syndrome and diabetes mellitus is important.

**REFERENCES**


**LITERATURE REVIEW**

<table>
<thead>
<tr>
<th>Papules Characterization</th>
<th>Percentage</th>
<th>Treatment Modalities</th>
<th>Percentage</th>
<th>Clinical Outcome</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyperpigmented</td>
<td>96%</td>
<td>Cytoretherapy</td>
<td>8%</td>
<td>Improvement</td>
<td>2</td>
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<tr>
<td>Erythematous</td>
<td>12%</td>
<td>Oral Isotretinoin</td>
<td>16%</td>
<td>No Improvement</td>
<td>5</td>
</tr>
<tr>
<td>Positive Darier Sign</td>
<td>4%</td>
<td>Topical Tretinoin</td>
<td>8%</td>
<td></td>
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</tr>
<tr>
<td>Down Syndrome-related</td>
<td>4%</td>
<td>Pulsed Dye Laser</td>
<td>4%</td>
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</tbody>
</table>

**PATHOGENESIS**

- The histogenesis of syringomas is most likely related to eccrine elements or pluripotent stem cells. [5]
- However, distinguishing between eccrine and apocrine ducts is sometimes difficult, and many tumors that were traditionally thought to be eccrine have been shown to have apocrine differentiation.
- The immunohistochemical pattern of cytokatin expression indicates differentiation toward the uppermost part of the dermal duct and the lower intradermal duct (ie, sweat duct ridge).
- Few authors believe, eruptive syringoma may represent a hyperplastic response of the eccrine duct to an inflammatory reaction rather than a true adenral neoplasm.
- Some cases of syringoma are associated with diabetes mellitus.

**MATERIALS AND METHODS**

- A PubMed search performed using the search terms “eruptive syringoma” and “eruptive syringomas”
- A total number of about 73 studies found on PubMed
- 24 cases out of the 73 studies were included in this study
- Inclusion criteria:
  - Studies that involve the description of cases regarding Eruptive syringomas
  - Studies that are published in English only
  - Studies that describe aspects of clinical features, histology and treatment for their respective cases.
  - All articles that were free and described all of the above-mentioned aspects were excluded.

**PAPILLOMATIC STUDY**

- Number of cases: 73
- Location of tumor:
  - Face: 8
  - Neck: 12
  - Trunk: 18
  - Abdomen: 8
  - Back: 5
  - Upper extremities: 13
  - Lower extremities: 8
- Ethnicity:
  - Caucasian: 7
  - Male: 10
  - Asian: 2
  - Female: 15
  - South East Asian: 4
  - African–American: 3
  - Middle Eastern: 1
- Sex:
  - Male: 10
  - Female: 15

**HISTOLOGICAL FINDINGS**

- Hyperkeratotic plugging of infundibulum and follicular spongiosis with perifollicular hemorrhage
- Keratohyaline inclusions
- Suprabasal cantholytic, dyskeratotic cells in spinous and granular layers
- Multifocal compact or diffuse compact mast cell infiltrates and diffuse interstitial infiltration pattern
- Eosinophilic granulomas with Schaumann bodies and Asteroid bodies
- Involvement of sweat glands with eosinophilic material.