We describe a rare case of an eccrine syringofibroadenoma showing foci of squamous cell carcinoma in situ. To the best of our knowledge, only two cases have been previously described in the English literature (1,2).

CASE REPORT

An 86-year-old male patient with a long-term chronic obstructive pulmonary disease was admitted to the hospital for treatment of newly discovered chronic myeloid leukemia. During hospitalization, an erythematous skin lesion of the left lower leg measuring 15x15 cm was observed, and the patient was referred to dermatological examination. A slightly elevated, skin colored, suspicious tumor measuring up to 2 cm was discovered in the previously described erythematous area. Dermatoscopically, the lesion was permeated by numerous blood vessels but had...
no other special characteristics. The patient denied having any pre-existing skin conditions.

An excisional biopsy was performed, and a skin sample with an elevated lobular tumor on the surface, up to 2.2 cm in diameter, was sent to pathology.

Microscopic examination revealed a lesion consisting of anastomosing strands of epithelial cells originating from the epidermis, occasionally showing ductal eccrine differentiation. Stroma between the strands was fibrovascular, sparsely infiltrated by inflammatory mononuclear cells (Figure 1, A). Within the described lesion, foci of nuclear atypia, mitoses, and loss of cell polarization spanning the whole thickness of the epidermis were observed, which corresponded to squamous cell carcinoma in situ (Figure 1, B). The basal membrane was preserved, and no signs of dermal invasion were found. The described tumor did not reach the margins of the excision, and the squamous cell carcinoma in situ was 1 mm from the nearest lateral margin.

Immunohistochemically, both tumor components were positive for epithelial membrane antigen (EMA), while carcinoembryonic antigen (CEA) was positive only in the ductal structures (Figure 1, C). The foci of squamous cell carcinoma in situ showed p16 positivity (Figure 1, D).

On the basis of histological and immunohistochemical analysis, the diagnosis of an eccrine syringofibroadenoma with foci of squamous cell carcinoma in situ was established.

**DISCUSSION**

The association of eccrine syringofibroadenoma and squamous cell carcinoma in situ was reported only twice in the English literature, by Bjarke et al. 

![Figure 1](image1)

Figure 1. (A) The tumor was composed of anastomosing strands of epithelial cells originating from the basal layer of the epidermis with focal ductal eccrine differentiation (asterisk) (hematoxylin and eosin (HE), ×100). (B) A sharply demarcated focus of squamous cell carcinoma in situ within the syringofibroadenoma (HE, ×200). (C) Ductal eccrine differentiation was highlighted immunohistochemically by carcinoembryonic antigen (CEA) (arrows) (CEA, ×100). (D) P16 positivity was limited to foci of squamous cell carcinoma in situ (p16, ×100).
Whether eccrine syringofibroadenoma is a reactive neoplasm is not yet fully understood. In earlier publications, some considered it to be a reactive epithelial proliferation instead of a neoplasm of the eccrine glands, as spontaneous regression has been described after successful treatment of the associated inflammatory condition (15,19). Recurrences are not common, but malignant transformation within a longstanding eccrine syringofibroadenoma was also reported (1,5,8). It is therefore difficult to determine whether eccrine syringofibroadenoma is a reactive process arising at a location of another cutaneous disease or a malignant neoplasm, a benign neoplasm with a potential for malignant transformation, or just a benign tumor arising concurrently at the same localization.

References:


