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Syringoma of the Vulva: A Rare Case Report

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Abstract

Syringoma is a benign tumor of the eccrine sweat gland affecting mostly adolescent female. The disease is characterized by multiple small papules. The lower eyelid and cheeks are most commonly affected. Vulvar syringoma is a rare localization. We report a case of a 25-year-old female who presented with a two-year history of pruritic papules on the vulvae. Histological examination revealed a vulvar syringoma. This disease should be included in differential diagnosis of papular and pruritus lesions of the vulva.

Subject Areas

Gynecology & Obstetrics

Keywords

Pruritus, Syringoma, Vulva, Papules

1. Introduction

Syringoma is a benign tumor of the eccrine sweat gland affecting mostly adolescent female. The disease is characterized by multiple small papule. Vulvar syringoma is a rare localization.

2. Case Report

A 25-year-old woman presented with a two years history of pruritic papules on the vulvae. Her medical and family histories are unremarkable; especially there was no similar history in the family, any use of medication or oral contraception. On examination, multiples bilateral papules were present on the labia majora with a smooth surface and firm consistency, measuring 1 to 3 mm in diameter (Figure 1). HIV and syphilitic serology were negative. The histological examination revealed numerous tubular structures bordered by two rows of epithelial

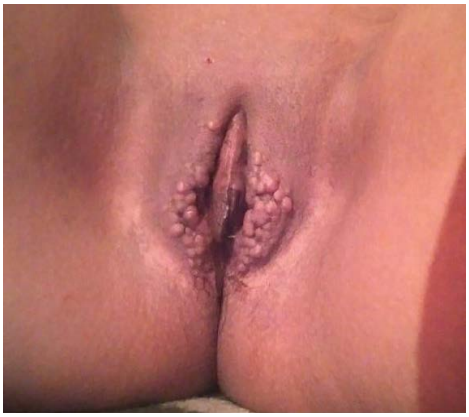

Figure 1. Bilateral papules at de labia majora.

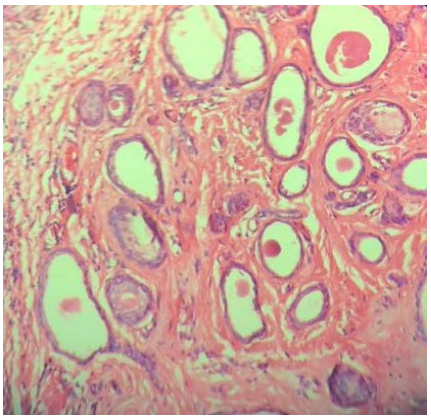

Figure 2. Vulvar syringoma in histological examination (hematoxylin-eosin stain ×100).

cells, included in a fibrous stroma with colloidal substance in the lumens. Some ducts have a tadpole shape. These finding were consistent with diagnosis of a vulvar syringoma (**Figure 2**). Oral antihistaminic therapy was started which improved the pruritus. The patient was informed about this pathology and decided to follow-up without treatment of the syringoma. Lesions remained stable at follow-up.

3. Discussion

Syringomas are a benign disorder, developed in the excretory ducts of the eccrine sweat gland, was first described in 1872 by Kaposi and Biesiadeki [1]. They occur most commonly during puberty. The lower eyelid and cheeks are most commonly affected [2]. These lesions may increase in size at the premenstrual period, pregnancy, and in the use of oral contraceptives, which discusses hormonal dependence [3] [4] [5]. In our case, the patient does not report a change in the size of the papules. In rare cases, the syringoma have a hereditary etiology and frequently observed in patients with Marfan, Down and Ehlers-Danlos syndromes [2] [5]. Other lesions, such as Fox-Fordyce disease, epidermal cysts, condyloma acuminata, senile angiomas, must be discussed in differential diag-

nosis of papular lesions [6]. Histology is necessary to confirm the diagnosis, showing numerous small canals bordered by layers of epithelial cells, within a fibrous stroma. The vulvar localization is rare, usualy asymptomatic. Multiple therapeutic can be proposed such as: dermabrasion, electrodessication, laser, cryotherapy and topical retinoids. Generally the treatment is not necessary if the patient is asymptomatic. In our case the lesions remained stable without treatment of the syringoma.

4. Conclusion

Vulvar Syringoma is a rare benign tumor. This disease should be kept in differential diagnosis of papular and pruritus lesions of the vulva. Confirmation is purely histological and the decision regarding whether to treat, or not to treat depends on the patient preferences.

Consent

Informed consent was obtained from the patient to report the case.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

References

[1] Miranda, J.J., Shahabi, S., Salih, S. and Bahtiyar, O.M. (2002) Vulvar Syringoma, Report of a Case and Review of the Literature. *Yale Journal of Biology and Medicine*, **75**, 207-210.

[2] Nibhoria, S., Tiwana, K.K. and Yadav, A. (2014) Vulvar Syringoma: A Rare Case Report. *Journal of Clinical and Diagnostic Research*, **8**, FD06. https://doi.org/10.7860/JCDR/2014/10125.4731

[3] Dereli, T., Turk, B.G. and Kazandi, A.C. (2007) Syringomas of the Vulva. *International Journal of Gynecology & Obstetrics*, **99**, 65-66. https://doi.org/10.1016/j.ijgo.2007.04.004

[4] Gerdsen, R., Wenzel, J. and Uerlich, M. (2002) Periodic Genital Pruritus Caused by Syringoma of the Vulva. *Acta Obstetricia et Gynecologica Scandinavica*, **81**, 369-370. https://doi.org/10.1034/j.1600-0412.2002.810418.x

[5] Turan, C., Vyur, M., Kutlvay, *et al.* (1996) Vulvar Syringoma Exacerbation during Pregnancy. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, **64**, 141-142. https://doi.org/10.1016/0301-2115(95)02246-5

[6] Williams, K. and Shinkai, K. (2016) Evaluation and Management of the Patient with Multiple Syringomas: A Systematic Review of the Literature. *Journal of the American Academy of Dermatology*, **74**, 1234-1240.e9. https://doi.org/10.1016/j.jaad.2015.12.006