



DERMATOLOGICAL SURGERY

NOT ALL NODULAR EAR LESION IS A KELOID – WHAT YOU SHOULDN'T MISS

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ABSTRACT: Keloids appear as normochromic or erythematous, hard and hypertrophic tumors with irregular borders and usually after local trauma. They occur very often in the earlobe and nodular lesions in this area should remind us of this diagnosis.

However, other differential diagnosis should be proposed, among them adnexal tumors and in Brazil, lobomycosis.

OBSERVATION: We present a patient with +/- 2,5 cm, pedunculated tumor on the earlobe that appeared after a trauma and is growing slowly. Considering the patient's history and the location, we first considered the possibility of a keloid.

We decided to perform an excisional biopsy. During the surgery we suspected of adnexal tumor because we noticed yellow papules and the tumor was softer than we expected for keloid. It was sent for histopathological analysis and the diagnosis was chondroid syringoma. The surgery had a good aesthetic and functional result.

Chondroid syringoma is a benign and rare cutaneous neoplasm, characterized by epithelial and mesenchymal components in a cartilaginous stroma. It presents as a 0,5-3,0cm skin colored or yellowish, well defined single nodule, asymptomatic and slow growing. It is more common in men with an incidence of 0,01% in the population. The most common location is on the head and neck.

KEY MESSAGE: It is important to recognize adnexal tumors as differential diagnosis for keloid lesions in the earlobe.

