DERMATOPATHOLOGY

INFILTRATING SYRINGOMATOUS ADENOMA OF THE NIPPLE: A CASE REPORT

M Chaabani [(1)] - H Hammami [(1)] - W Koubaa [(2)] - A Zaouak [(1)] - R Jouini [(1)] - S Fenniche [(1)]

Habib Thameur Hospital, Dermatology, Tunis, Tunisia [(1)] - Habib Thameur Hospital, Pathology, Tunis, Tunisia [(2)]

Background: Described by Rosen in 1983, infiltrating syringomatous adenoma (ISA) of the nipple is a rare benign tumor with less than 40 reported cases. The exact origin of this tumor is uncertain, although derivation from eccrine structures of the nipple has been reported. Clinically, the lesion is usually infiltrative, showing an expansile pattern of proliferation into adjacent tissues of the nipple and underlying breast. The lesions behave in a benign fashion, without regional or distant metastasis. Complete local excision appears to be sufficient.

Observation: A 36-year-old woman presented with left-sided nipple inversion for about seven years. On examination, the left nipple was inverted. Within the areolar region, a 4-cm, hard and nontender, subcutaneous nodule was palpable. Breast ultrasound and mammography showed a calcificated nodule.
Histopathologically, the tumor was composed of small, compressed strands, tubules, and ductlike structures. Comma-shaped ducts were seen, giving an impression of syringoma. The mass was lined with double-layered epithelial cells without metaplasia. Several keratotic cysts were noted within the tumor.
The immunohistochemical study showed an intense expression of CK-6 and P63 by the tumor cells. The CK7 marks a few tubular lights. The oestogenic receptors were marked in 30% of the nuclei. Calponin labeling was negative. The patient underwent a total tumor resection without any recurrence after a six-month follow-up.

Key message: ISA is a rare tumor of the nipple that must be distinguished from florid papillomatosis, adenosquamous carcinoma, and tubular carcinoma. Awareness by both the clinician and the pathologist of this rare tumor is essential to avoid unnecessary mastectomy and extensive lymph node resection.