

---

## SHORT COMMUNICATION

---

### Case report

# Chondroid syringomas of the eyelid: two cases

E. MENCÍA-GUTIÉRREZ<sup>1</sup>, J.A. BONALES-DAIMIÉL<sup>1</sup>, E. GUTIÉRREZ-DÍAZ<sup>1</sup>, A. SANTOS-BRIZ<sup>2</sup>, S. MADERO-GARCÍA<sup>2</sup>

<sup>1</sup>Department of Ophthalmology

<sup>2</sup>Department of Pathology, 12 de Octubre Hospital, Complutense University, Madrid - Spain

---

**PURPOSE.** *We report two new cases of chondroid syringoma (CS) of the eyelid. Until 1961, this entity was known as pleomorphic adenoma or benign mixed tumour of the skin of salivary glands type. This tumour occurs most commonly in the head and neck regions.*

**CASE REPORTS.** *We describe two cases of CS with rapid growth, in the upper right eyelid, with no relation with the palpebral lobe of the lacrimal gland.*

**RESULTS.** *Treatment consists of wide local surgical excision with its capsule, in its entirety.*

**CONCLUSIONS.** *These tumours of the ocular adnexa are exceedingly rare. Malignant transformation is possible. (Eur J Ophthalmol 2001; 11: 80-2)*

**KEY WORDS.** *Chondroid syringoma, Pleomorphic adenoma, Benign mixed tumour, Eyelid tumour*

---

*Accepted: June 7, 2000*

## INTRODUCTION

Chondroid syringoma (CS) is a rare cutaneous neoplasm. It may arise from eccrine or apocrine glands, it occurs most commonly in the head and neck regions and may involve the face and eyelids, where it has been described (1-6) as a small nodule in the upper lid. Frequently known as mixed tumour of the skin, since its appearance is similar to the pleomorphic adenoma of the lacrimal and major salivary glands, in 1961 Hirsch and Hellwig substituted this term with CS on account of the constant presence of sweat gland elements and the cartilaginous appearance of the stroma (7).

## Case Report

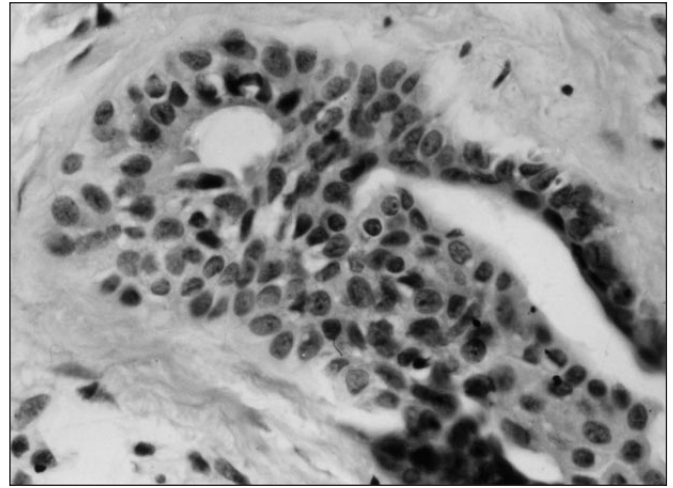
**Case 1:** A 71-year-old man had presented a slowly growing tumour in the right upper eyelid (Fig. 1) one year earlier, which was asymptomatic. On physical examination, a smooth, firm, rounded, well-circumscribed, elevated lesion of polypoid appear-

ance, measuring 1.3 cm in diameter, was found in the lateral part of the right upper lid, it was mobile, and did not affect the free edge. Treatment was local excision. Histopathologic examination discovered a glandular structure, with epithelial cell-lined tubular lumina scattered in an abundant stroma, mostly of cartilaginous appearance (Fig. 2). The histopathological diagnosis was CS of the eyelid. There is no evidence of recurrence after six years of follow-up.

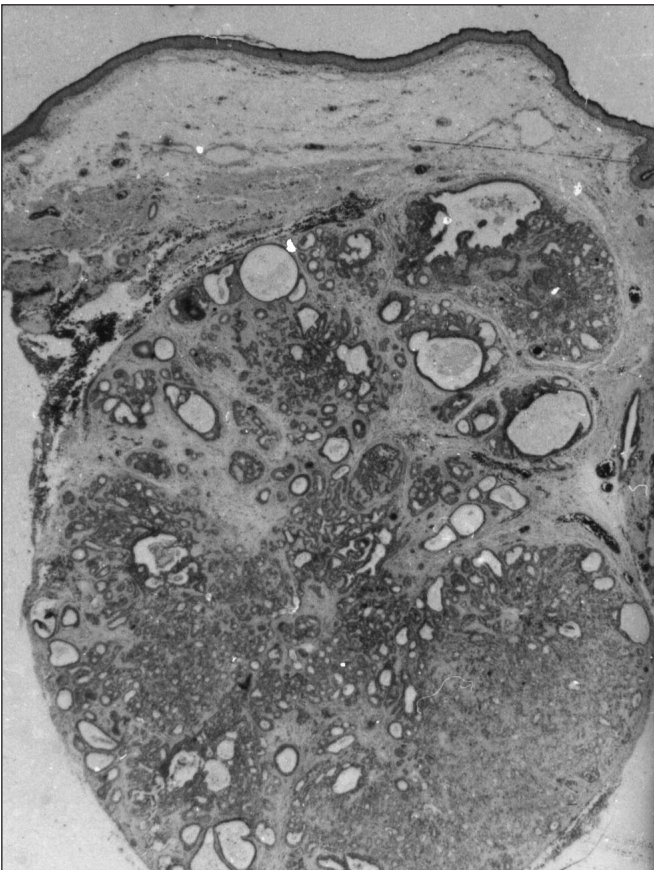
**Case 2:** A 60-year-old woman presented with a tumour in the right upper eyelid, dating back to 40 years earlier, which had rapidly grown in the last few months. On physical examination, a mass of verrucose aspect, rounded, well-circumscribed, measuring 0.4 cm in diameter, was found in the internal part of the right upper lid, affecting the free edge and superior lacrimal point. Treatment was local excision. The histopathologic findings were similar to the previous case, with no infiltration of the edges or bottom of the piece (Figs. 3,4). The histopathological diagnosis was CS of the eyelid. There is no recurrence after three years of follow-up.



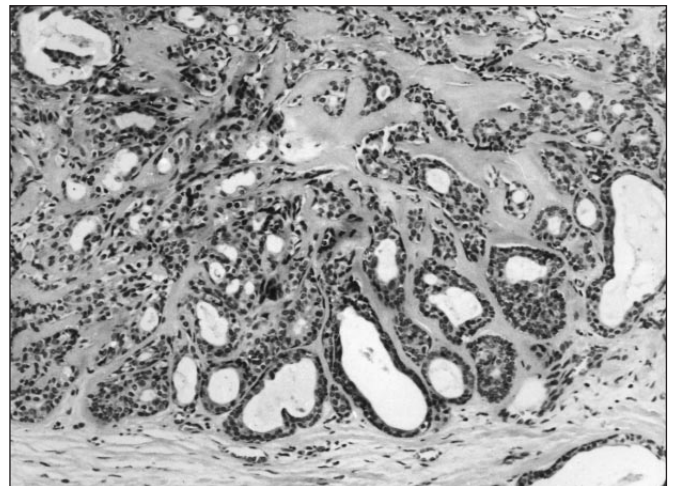
**Fig. 1** - Case 1. Preoperative appearance. Tumour on right upper lid (lateral part).



**Fig. 2** - Case 1. Histopathologic appearance: At high magnification some of the tubules are lined by a double row of cells – inner duct-lining epithelial cells and outer dark myoepithelial cells – with no atypical features or mitotic activity (Hematoxylin and eosin, 400x).



**Fig. 3** - Case 2. General view of the lesion. A well-circumscribed dermal nodule composed of numerous, proliferating, variably sized ductal structures and branching epithelial tubules within a loose mucinous-myxoid matrix; there are also patches of myoepithelial cell (Hematoxylin and eosin, 25x).



**Fig. 4** - The epithelial component is organized in variably sized ducts, whose lumen contain thickened eosinophilic material. The stroma varies from myxoid to chondroid, and there are areas of hyalinized connective tissue around the ducts (Hematoxylin and eosin, 100x).

## DISCUSSION

CS is a tumour named because it is a proliferation of tubular and ductular eccrine or apocrine epithelium similar to that of a syringoma, mixed with a characteristic chondroid stromal matrix. These combined features account for the alternative designation of mixed tumour of the skin. Histologically, immunohistochem-

ically, and ultrastructurally its appearance is comparable to that of pleomorphic adenoma (mixed tumour) of salivary gland or lacrimal gland origin (the main gland or the accessory eyelid glands of Wolfring). Although most of these tumours are thought to be of the eccrine type, a variety with clear-cut evidence of apocrine differentiation has been documented; this is often mixed with follicular and sebaceous components (8).

The tumours are composed of tubular structures lined by a double layer of epithelial cells embedded in a mucoid stroma, often with areas of chondroid metaplasia.

The inner cells lining the ducts are secretory and produce a mucopolysaccharide; the outer cells are myoepithelial. It is believed that the stroma is derived from the outer myoepithelial cells which are capable of undergoing fibrous, myxoid, or chondroid metaplasia (8). Clinically, these lesions appear as a firm, multilobulated, circumscribed mass ranging from 0.5 to 3 cm in diameter. They are slow-growing and asymptomatic tumours, but may reach a considerable size, with a polypoid form.

Our cases were both excised because of rapid growth, one of them after several years' slow development. In most of the cases reported, the presumed diagnosis is squamous cell papilloma or inclusion cyst and they are excised for diagnostic or cosmetic reasons.

They are commonly described in the upper lid. When the mass is located in the temporal aspect of the upper lid, it may be difficult to distinguish a pleomorphic adenoma arising from the sweat glands of the eyelid from one arising within the palpebral lobe of the lacrimal gland (8, 9). The histological finding of adjacent lacrimal gland tissue may imply that the particular tumour arises from the lacrimal gland tissue. The origin of a pleomorphic adenoma arising in the glands of Wolfring may be confirmed histologically by the presence of glandular elements rimming the periphery of the tumour within the upper edge of the tarsus (8). A careful clinico-pathologic correlation is necessary to establish the exact origin of the tumour.

The tumours we report here were deep in the central and internal part of the upper lid, just proximal to the superior margin of the tarsal plate. They were totally separate and distinct from the main lacrimal gland, which was unremarkable. Tong (10) in 1995 described a case similar to ours, which recurred after partial excision. The treatment is by local surgical excision of

the tumour and its capsule in their entirety. These tumours are benign but if the capsule is ruptured they may become locally invasive and, although rare, malignant transformation is also possible (11).

No signs of tumour recurrence has been seen on follow-up examinations three and six years after surgery, although the patients will continue to be monitored closely for tumour recurrence.

Reprint requests to:  
Enrique Mencía-Gutiérrez, MD  
Cedro, 23  
E 28250 Torrelodones  
Madrid, Spain  
e-mail: emencia@hdoc.insalud.es

---

## REFERENCES

1. Cheng PH. Pleomorphic adenoma of lid. *Clin Med J* 1964; 83: 49-51.
2. Venkataramayya K. Pleomorphic adenoma of Krause's gland. *Indian J Ophthalmol* 1976; 23: 38-9.
3. Kapoor S, Sood GC, Kapoor MS et al. Giant pleomorphic adenoma of accessory lacrimal gland. *Indian J Ophthalmol* 1978; 25: 52-3.
4. Jordan DR, Nerad JA, Patrinely JR. Chondroid syringoma of the eyelid. *Can J Ophthalmol* 1989; 24: 24-7.
5. Martorina M, Capoferri C, Dessanti P. Chondroid syringoma of the eyelid. *Int Ophthalmol* 1993; 17: 285-8.
6. Tyagi N, Abdi U, Tyagi SP et al. Pleomorphic adenoma of skin (chondroid syringoma) involving the eyelid. *J Postgrad Med* 1996; 42: 125-6.
7. Hirsch P, Helwig EB. Chondroid syringoma: mixed tumor of the skin, salivary gland type. *Arch Dermatol* 1961; 84: 835-47.
8. Font RL. Eyelids and lacrimal drainage system. In: Spencer WH ed. *Ophthalmic Pathology. An atlas and textbook*. Philadelphia: WB Saunders, 1985; 2215-6.
9. Murphy MB, Rodrigues MM. Benign mixed tumor of the (palpebral) lacrimal gland presenting as a nodular eyelid lesion. *Am J Ophthalmol* 1974; 77: 108-11.
10. Tong JT, Flanagan JC, Eagle RC et al. Benign mixed tumor arising from an accessory lacrimal gland of Wolfring. *Ophthalmic Plast and Reconst Surg* 1995; 11: 136-8.
11. Isimura E, Iwamoto H, Kobashi Y, et al. Malignant chondroid syringoma. Report of a case with widespread metastasis and review of pertinent literature. *Cancer* 1983; 52: 1966-9.