CHONDROID SYRINGOMA OF BREAST: A CASE REPORT WITH LITERATURE REVIEW

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ABSTRACT
Chondroid Syringoma [CS] is a benign tumour of the skin arising from the sweat glands with epithelial and mesenchymal tissues mimicking Pleomorphic Adenoma of parotid gland. It is a rare tumor occurring in skin and its occurrence in breast is further rare where its presence mimicks malignancy and proper diagnosis is mandatory which requires an excisional biopsy. Presenting a case of Chondroid Syringoma of right breast in a sixty-eight year old female which mimicked breast carcinoma.

KEYWORDS: Pleomorphic adenoma of breast, mixed tumour of skin, Breast cancer.

INTRODUCTION
Chondroid Syringoma is a rare skin adnexal tumour which represents the cutaneous counterpart of pleomorphic adenoma of salivary glands and can have either a benign or a malignant behaviour. These are non ulcerating, nodular tumors with a characteristic myxoid and cartilaginous matrix.[1-3] They tend to occur predominantly on face, head, neck, trunk & extremities.[2] But its occurrence in skin of breast is rare & it is questionable to call it breast syringoma. Presentation as a lump in breast brings it in line with other benign & malignant pathology of breast & hence need for Presenting this pathology and reviewing literature.

CASE PRESENTATION
A 68 year old female presented with an asymptomatic lump accidentally detected 15 days back in right breast. Patient a non diabetic and non hypertensive had No family history of breast cancer.

Physical examination showed a single lump of size 4 cm x 3 cm palpable in the retro-areolar region of the right breast with no retraction of nipple or discharge. No Axillary lymphadenopathy was observed. Other breast was normal.

A fine needle aspiration cytology [FNAC] showed monolayered cohesive sheets of ductal cells with foci of calcification. Trucut biopsy was done which again showed monolayered cohesive sheets of ductal cells with foci of calcification & occasional osteoclastic giant cells with haemorrhagic background diagnosed as proliferative breast disease without atypia. Due to lack of diagnostic confirmation, lumpectomy was done and specimen sent for histopathology as frozen section facility was not available. Gross examination showed a single irregular, yellowish brown firm to hard tissue of size 5 x 4 x 3 cms which gave a gritty sensation on cutting. Histopathology revealed a well circumscribed epithelial elements embedded within a myxoid, chondroid and fibrous stroma. The epithelial elements showed branching tubules, solid cords and many non branching tubules lined by cuboidal cells with round to oval nuclei with or without prominent nucleoli. Few tubules were lined by cells with eosinophilic cytoplasm and secretions in the lumen. At places, clear cell change was also seen. There was large amount of intervening myxoid connective tissue. At places osseous tissue with bone marrow elements was also seen. The adjacent tissue showed adipose tissue and congested blood vessels. All these features were suggestive of CS of right breast.(Figure 1-2)

Immunohistochemistry [IHC] staining showed positivity for $100 which confirmed the diagnosis of CS.

Figure 1
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