

RARE SKIN TUMOUR – A CASE REPORT

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<https://doi.org/10.46607/iamj6010022022>

(Published Online: February 2022)

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Article Received: 21/01/2022 - Peer Reviewed: 03/02/2022 - Accepted for Publication: 04/02/2022



ABSTRACT

Cylindroma is a rare skin appendage tumour having a predilection to occur on the forehead and scalp. It is previously thought to be of apocrine differentiation. While phenotype features differ between Cylindroma and spiradenoma recent studies have shown immunohistological and cytomorphological overlap, with both tumours exhibiting apocrine, eccrine, secretory and ductal features. Therefore, the cellular origin of Cylindroma remains unknown. It is a benign tumor with two different clinical presentations, solitary and multiple. Malignant transformation of Cylindroma is very rare with few reported cases in the medical literature. The malignant transformation affects multiple Cylindroma more often than solitary Cylindroma. We report a 50-year old female patient presented with a solitary lump on the Right preauricular area. Excision was done and histopathology report revealed a Cylindroma.

Keywords: Cylindroma, Skin appendage tumour

INTRODUCTION

Skin tumours are classified as epidermal, melanocytic, skin adnexal tumour and dermal tumours. Skin appendages or adnexa are skin associated structures that include hairs, sebaceous glands and sweat glands (apocrine/eccrine). Skin adnexal tumours are those neoplasms that differentiate toward or arise from the pilosebaceous unit, eccrine sweat glands or

apocrine sweat glands. Appendage tumours are often clinically nondescript, flesh-coloured solitary or multiple papules and nodules. Some have a predisposition for occurrence on specific body surfaces. For example, the eccrine poroma occurs predominantly on the palms and soles. The Cylindroma, an appendage tumour with apocrine differentiation,

usually occurs on the forehead and scalp, where coalescence of nodules with time may produce a hat like growth, hence the name Turban Tumour. Cylindroma is a variant of eccrine spiradenoma^[1]. Eccrine spiradenoma is an uncommon benign tumour of skin adnexa originating from eccrine glands. Apocrine sweat glands may give rise to tumours, the two common examples being papillary hidradenoma and Cylindroma^[2]. Cylindroma is a rare tumour that occurs nine times more frequently in females than males. The commonest site is the scalp and adjacent skin. A proportion of lesions occur on the face and neck, in less than 10 per cent of cases they are situated on the trunk and limbs. Cylindroma are appendage tumours previously thought to be of apocrine differentiation. While phenotype features differ between Cylindroma and spiradenoma recent studies have shown immunohistological and cytomorphological overlap, with both tumours exhibiting apocrine, eccrine, secretory and ductal features. Therefore, the cellular origin of Cylindroma remains unknown^[3]. Ansell first described multiple Cylindroma of the head and abdomen in 1842. The first description of malignant cylindrocarcinoma characterized by loss of the typical 'jigsaw pattern' and the peripheral palisading of the basaloid cells, polymorphous clear cells with prominent nucleoli was made by Wiedemann in 1929.

Malignant transformation of Cylindroma is very rare with few reported cases in the medical literature. The malignant transformation affects multiple Cylindroma more often than solitary Cylindroma. In published reports, the age of patients with cylindrocarcinoma ranges from 5th to 9th decades of life, with a slight female predominance. A locally infiltrating and destructive growth into the skull can be observed on the tumours mostly localized on the scalp^[4].

CASE REPORT

Presenting Complaints

A 50-year-old female patient visited OPD of Shalyatantra at S.D.M AYURVEDA HOSPITAL UDUPI with a H/O of right-sided pre auricular

swelling for 6 months which was insidious in onset and gradually progressive. The swelling was associated with intermittent pricking type of pain radiating to pinna on the same side. The patient had no significant past medical history, family history of such lesions and swelling elsewhere in the body.

Clinical findings and diagnostic assessments

Systemic examinations were unremarkable. Local examination on the right preauricular region showed a single smooth lobulated swelling of 2 x 1.5 x 0.7 cms. The skin over the swelling was stretched and glossy with a prominence of capillaries. On palpation, mass was non-tender, firm in consistency, fixed to the skin, freely movable over the fascia with no local rise of temperature. The mass along with overlying skin was surgically excised under local anaesthesia and sent for histopathological examination. The histopathological study reported as- the Gross tumour specimen consists of single skin covered nodular grey, white tissue bit weighs 1 p gm. The cut, section shows grey, white areas. And histopathological slide showed a markedly attenuated epidermis overlying a circumscribed dermal tumour, exposed to tightly packed, grounded epithelial islands, enveloped by a hyalinized stroma. The islands are predominantly solid and ver occasional one with central lumina comprising of a peripherally placed flat in differentiated cells; frequently forming nuclear palisades and a central proliferation of larger ductal like cells, few with apocrine metaplasia and hyaline globules (secretions). Diagnosis- "Cylindroma in the preauricular area".

Treatment is given- surgical excision

An elliptical incision was made at the base of the lump (around the lump). Incision deepened to the subcutaneous plane until the whole of the lump is excised through under LA (Field block). No extension of the lump was observed beneath the skin. Primary skin suturing done with 2 0 Ethylon intermittent vertical mattress sutures. Excised specimen sent for histopathological study.



IMAGE 1: BEFORE TREATMENT



IMAGE 2: AFTER TREATMENT

Tab. Kaishor guggulu 1 TID and Tab. Gandhaka rasayana 1TID for 7 days was given post operatively. And Asanadi kasaya 25ml BD for 7 days.

DISCUSSION

There are hundreds of benign neoplasms arising from cutaneous appendages. Although some show no aggressive behaviour and remain localized, they may be confused with certain types of cutaneous cancers. Cylindroma is a rare benign adnexal tumour of the skin. Very few reports of these benign tumours are reported in the literature. The most frequent location is the head and neck. Multiple occurrences are often linked to the Brooke-Spiegler syndrome. The Brooke -Spiegler syndrome is inherited as an irregular autosomal dominant trait. A malignant transformation to an adenoid cystic carcinoma is also described in the literature. The leading treatment modality described in the literature is the complete surgical removal of the lesions. From an Ayurveda standpoint, this swelling presents with clinical features like *vrittam*(globular), *sthiram*(fixed), *mandaruja* (mild pain), *chiravruddhi* (slow continuous growth) and *apakam*(non-inflammatory) match the description of *Arbuda*, explained in Sushruta Samhita. Based on the predominance of *dosa* and *Dushyas* the swelling was diagnosed as *kaphaja arbuda* in this patient. The fact of Malignant transformation and metastasis of tumours are explained in Ayurveda as *adhyarbuda* and *dvirarbuda* respectively. The primary treatment for *arbuda* is *chedana karma* (Surgical excision) which is also the treatment for Cylindroma.

CONCLUSION

A lady presented with a solitary lump on the right preauricular region, diagnosed as Cylindroma. This

is a rare benign tumour of the skin appendage at an unusual site. Ayurvedic diagnosis of *Kaphaja Arbuda* was made and *Chedana karma* (surgical excision) was performed as the primary treatment.

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Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Prashanth K & Veena P: Rare Skin Tumour – A Case Report. International Ayurvedic Medical Journal {online} 2022 {cited February 2022} Available from: http://www.iamj.in/posts/images/upload/520_522.pdf