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LETTER TO EDITOR

Eccrine Syringofibroadenoma of the Eyelid

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Sir,

Eccrine syringofibroadenoma (ES) was first described by Mascaro in 1963[1] and is an uncommon tumour of the acrosyringium. Several types of eccrine and apocrine tumours are observed in the eyelids, but ES has not been reported previously on the eyelid.

An 84-year-old man attended the eye clinic at Rovereto Hospital, Trentino, Italy, with a solitary, slowly growing, well-circumscribed, soft ovoid nodule mass (8 mm diameter) in the right upper eyelid. The overlying epithelium was intact. The lesion had been present for several years, and no recent change had been noticed. The tumour was removed. The lesion appeared to be arising at the eyelid margin, close to the mucocutaneous junction. The lesion was characterised by multiple downgrowths of squamoid or cuboidal epithelial cells which had anastomosed around a bland fibroblastic stroma. In many areas, there were appreciable formations of multiple small ductal structures by these epithelial downgrowths, as well as multifocally-scattered mucinous cells [Figure 1]. No evidence of malignancy was found. A diagnosis of ES was determined. The patient was free of disease 12 months after the excision.

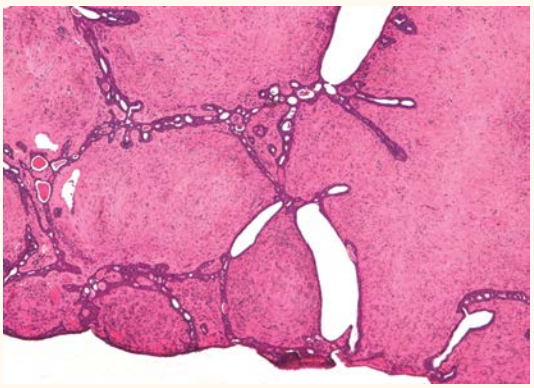

Figure 1: The neoplasm (under haematoxylin and eosin stain and x 40 magnification) was composed of elongated cords growing downward in a fenestrated pattern, embedded in the fibroblastic stroma.

ES usually affects the extremities of elderly individuals, either as a solitary or multiple tumours. Multiple lesions have been reported in association with Schöpf-Schulz-Passarge syndrome and Clouston syndrome.[2,3] In our patient, no features of these syndromes were found. The overall appearance of ES incorporates aspects of mammary fibroadenoma as well as fibroepithelioma of Pinkus (fibroepitheliomatous basal cell carcinoma). The stroma is likely 'induced' by the epithelial proliferation. It has been suggested that ES is identical to the acrosyringeal nevus of Weedon and Lewis,[4] but there do appear to be some clinicopathological differences. ES is a benign lesion, and complete excision is the treatment of choice.

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