BioSCIENCE Case Report
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Chondroid syringoma in the external auditory canal

Siringoma condroide em meato acústico externo

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KEYWORDS: Ear canal. Conductive hearing loss. Chondroid syringoma.
PALAVRAS-CHAVE: Meato acústico externo. Perda auditiva condutiva. Siringoma condroide

Lesion (*) at the entrance of the right external auditory canal

INTRODUCTION

Chondroid syringoma, also called mixed skin tumor, is a rare benign neoplasm originating from eccrine or apocrine sweat glands. Clinically, it is characterized by a single, well-defined, slow-growing, usually painless and asymptomatic nodular lesion. The head and neck region is the most frequently affected, especially the scalp, face, and nose. Its size varies from 0.[5] to 3 cm with an approximate incidence of 1% of skin tumors.[1,2] The diagnosis is challenging due to clinical nonspecificity, and histopathological confirmation is essential, often associated with immunohistochemical study. The treatment of choice is complete surgical excision, usually with a low recurrence rate.[2]

CASE REPORT

The research was approved by the Research Ethics Committee of the Hospital de Clínicas of the Federal University of Paraná, Curitiba, PR, Brazil – under no. 6.553.235.

A 69-year-old woman was referred to the otorhinolaryngology service complaining of hypoacusis, otalgia and foreign body sensation in the right external acoustic meatus, which began about 6 months ago. Otoscopy revealed a pearlaceous mass with vessels in the posteroinferior region of the right external auditory canal, obstructing approximately 90% of the circumference, resulting in ipsilateral conductive hearing loss. Contrast-enhanced computed tomography of the ear and mastoid showed a rounded formation, with lobulated contours and polypoid aspect, with diffuse but heterogeneous contrast enhancement. The lesion originated in the posterior portion of the right external auditory canal, measuring 2.2 x 2.0 x 2.0 cm, with no signs of erosion of adjacent bone structures. She underwent surgical excision of the lesion under general anesthesia, with complete removal and flap preparation for better aesthetic results. Anatomopathological examination, associated with immunohistochemistry, confirmed the diagnosis of chondroid syringoma. In the outpatient follow-up, the patient remained without recurrence, with complete improvement of symptoms.

DISCUSSION

Chondroid syringoma is a rare tumor, described by Billroth in 1859 as a neoplasm similar to mixed salivary gland tumors. Hirsch and Helwig consolidated the term in 1961, describing its origin in sweat glands.[1] Reports in this topography are scarce in the literature.[3] When present in this location, it can cause otological symptoms, such as hypoacusis and ear fullness. Differential diagnosis includes epidermal cysts, inflammatory polyps, osteomas, pleomorphic adenomas, schwannomas, and squamous cell carcinoma. Complementary investigation with imaging studies helps in defining the extent of the lesion and in surgical planning, but a definitive diagnosis is only possible with histopathological analysis. Histologically, chondroid syringoma is composed of epithelial elements (ductal and tubular structures, with eccrine/apocrine differentiation) and mesenchymal stroma (with chondroid, fibrous, adipose or myxoid areas).[1] Immunohistochemistry helps to differentiate it from other neoplasms with a similar appearance, such as pleomorphic adenoma of the salivary glands. Although malignant

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transformation is rare, aggressive cases have been reported, justifying the need for long-term clinical follow-up.[4] The treatment of choice is complete surgical excision with safety margins, aiming to reduce the risk of recurrence. Other therapeutic approaches, such as electrodesiccation, dermabrasion, and vaporization with CO2 laser, have been described, but have presented less satisfactory results.[2]

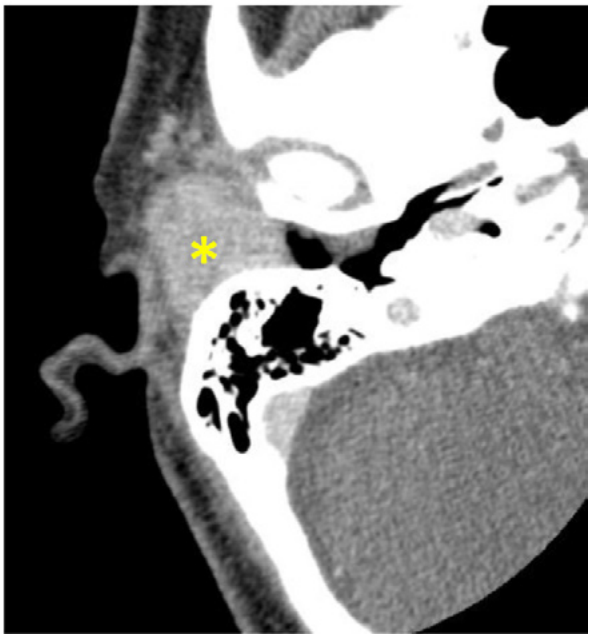

FIGURE 1 — Axial CT scan showing lesion (*) at the entrance of the external auditory canal

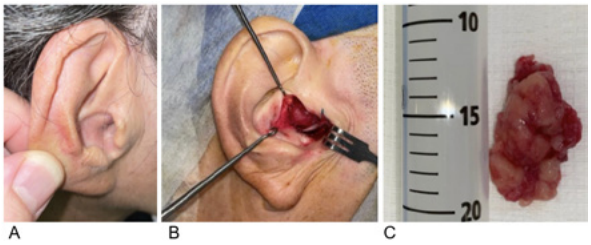

FIGURE 2 — Right external acoustic meatus: A) mass obstructing 90% of the meatus circumference; B) Lempert type 3 surgical access to remove the tumor; C) Extension of excised mass (cm)

As a final message, chondroid syringoma is a rare benign neoplasm that is difficult to diagnose clinically due to the non-specificity of the symptoms. The case presented here highlights the importance of histopathological evaluation and a complete surgical approach and long-term follow-up due to the possibility, albeit remote, of recurrence or malignant transformation.

Authors' contributions

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