

## Multiple Unilateral Zosteriform Syringomas on the Abdomen

Yu Ri Woo, Joong Sun Lee, Dae Won Koo

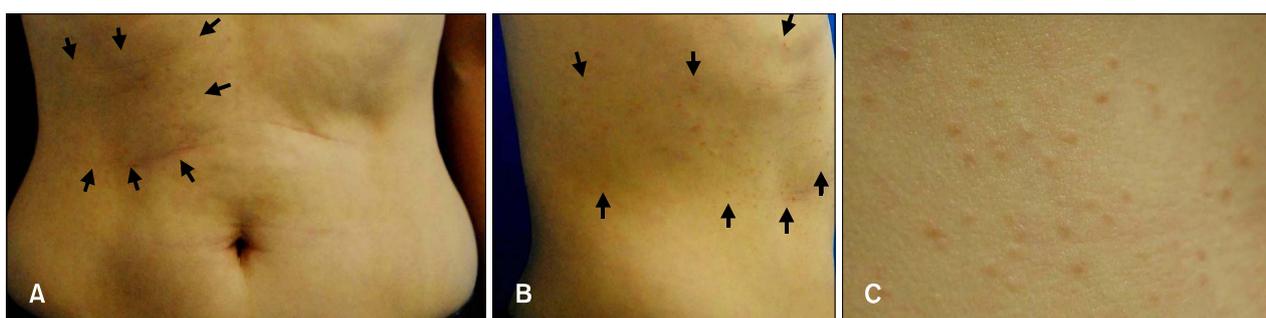
Department of Dermatology, Eulji University Hospital, School of Medicine, Eulji University, Daejeon, Korea

Dear Editor:

Syringomas are benign adnexal tumors of eccrine sweat duct origin. Clinically, they usually present as multiple, soft, skin-colored or yellowish papules and generally measure 1 to 2 mm in diameter. The sites of predilection are the face (especially the lower eyelids), cheeks, thigh, and axilla in a symmetrical or bilateral fashion<sup>1</sup>. A 39-year-old female patient presented with asymptomatic multiple flesh-colored papules on her trunk. The lesions had developed in crops about a month previously. Without spontaneous regression or improvement, the lesions had increased in number gradually. The patient's medical history was unremarkable, and she was not on any medication. She had no family history of similar skin lesions. Physical examination revealed multiple, flesh-colored to light-brownish, 2 to 4-mm-diameter papules across the right side of the trunk

(Fig. 1). The lesions had a zosteriform distribution along the right T8 and T9 dermatomes. No other lesions were observed elsewhere on the whole body. Histopathological examination of the abdomen revealed numerous epithelial strands and small ducts in a fibrous stroma of the upper dermis (Fig. 2). Taking the clinicopathological features into consideration, the lesions were diagnosed as zosteriform syringomas and were successfully treated with carbon dioxide laser. The patient was followed for 6 months after the treatment, without any sign of recurrence and new lesion formation elsewhere on the whole body.

Syringomas usually present with a bilateral or symmetrical distribution. Although Hayashi et al.<sup>2</sup> and Goday et al.<sup>3</sup> reported about unilateral linear syringomas on the arm, until now cases of zosteriform syringomas have not been reported in the Korean literature. There was only one case

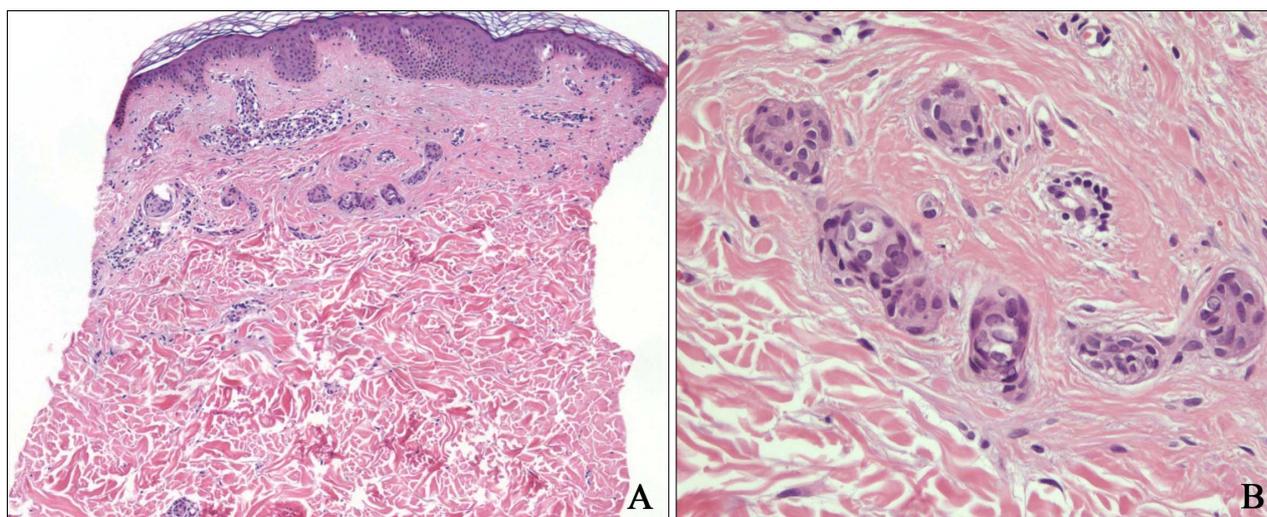


**Fig. 1.** (A, B) Multiple, flesh-colored to light-brownish papules across the right side of the trunk in a zosteriform distribution (arrows). (C) Close-up view of the lesion.

Received September 5, 2013, Revised October 10, 2013, Accepted for publication November 1, 2013

**Corresponding author:** Dae Won Koo, Department of Dermatology, Eulji University Hospital, 95 Dunsanse-ro, Seo-gu, Daejeon 302-799, Korea. Tel: 82-42-611-3035, Fax: 82-42-259-1111, E-mail: dwkoo@eulji.ac.kr

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/3.0>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.



**Fig. 2.** Histopathological findings showing numerous epithelial strands and ductal differentiation in a fibrous stroma of the upper dermis (H&E; A:  $\times 40$ , B:  $\times 100$ ).

report by Ceulen et al.<sup>4</sup> in 2008 in Europe. In that case, the syringomas were distributed on the left side of the chest of an 18-year-old Caucasian male patient. Here, we report the first case of unilateral zosteriform syringomas on the right side of the abdomen.

Typical periorbital syringomas may be easy to diagnose; however, when they show an unusual clinical manifestation, they could be misdiagnosed as sebaceous hyperplasia, milia, acne vulgaris, or lichen planus<sup>5</sup>. When encountering unilateral, zosteriform, popular dermatosis, dermatologists should consider syringomas in the differential diagnosis. The case presented here is a rare clinical form of syringomas that occurred in a zosteriform fashion. Although further investigations of the cellular and molecular levels are needed to uncover the precise pathogenesis of syringomas, we suggest that unilateral zosteriform patterns may well provide clues to the pathogenesis of syringomas with unknown etiology.

## REFERENCES

1. Elder DE, Elenitsas R, Johnson BL, Murphy GF, Xu X. *Lever's histopathology of the skin*. 10th ed. Philadelphia: Lippincott Williams and Wilkins, 2009:884-885.
2. Hayashi Y, Tanaka M, Nakajima S, Ozeki M, Inoue T, Ishizaki S, et al. Unilateral linear syringoma in a Japanese female: dermoscopic differentiation from lichen planus linearis. *Dermatology reports* 2011;3:e42.
3. Goday JJ, Yanguas JJ, Lozano M, Soloeta R. Eruptive syringoma in an exclusively left-sided distribution. *Eur J Dermatol* 1994;4:47-48.
4. Ceulen RP, Van Marion AM, Steijlen PM, Frank J, Poblete-Gutiérrez P. Multiple unilateral skin tumors suggest type 1 segmental manifestation of familial syringoma. *Eur J Dermatol* 2008;18:285-288.
5. Patrizi A, Neri I, Marzaduri S, Varotti E, Passarini B. Syringoma: a review of twenty-nine cases. *Acta Derm Venereol* 1998;78:460-462.