

Syringoma

What is syringoma?

Syringomas are benign skin tumours most commonly seen around the eyelid area. Uncommonly they can occur around the genital area. Eruptive forms of syringomas may occur on the chest, neck and abdominal areas. Syringomas are relatively easy to treat but they often recur after treatment.

What causes syringoma?

The name “syringoma” is derived from syrinx, the Greek word for tube or pipe. Syringomas are benign tumours of the sweat ducts (eccrine glands). These tumours lie in the mid to deep (dermal) layers of the skin.

What does syringoma look like?

Syringomas are multiple skin-coloured small lumps measuring 1 to 3 mm in diameter. In people with skin of colour (pigmented or dark skin), they may appear as yellowish or pale bumps. Syringomas are more common in women and most frequently appear during or after adolescence. The most common location is around the eye area. In eruptive forms of syringoma the trunk, chest and abdominal areas are involved.

The majority of syringomas are not associated with symptoms. Some people may experience itching with sweating.

Syringomas are more common in Asians and people with darker skin types.

What other problems can occur with syringoma?

The majority of syringomas are spontaneous. Inherited (genetic) factors play a role in some cases. Inherited syringomas usually occur in pre-adolescence. Eruptive syringomas have been reported in Down syndrome. Syringomas have also been associated with other rare genetic conditions such as Brooke-Spiegler syndrome.

How is syringoma diagnosed?

Most cases are diagnosed by their appearance. A biopsy may be needed to exclude other similar kinds of tumours such as trichoepitheliomas, trichodiscomas, fibrofolliculomas as well as milia and basal cell cancers. Biopsies of syringomas show comma-shaped sweat ducts in the dermal (deep) layers of the skin.

How is syringoma treated?

Syringomas are benign so they do not require treatment. However, they may be treated if they are disfiguring.

The aim of treatment is to reduce the visibility of the tumour rather than eliminate it completely. This reduces the risk of scarring. In order to achieve this, the upper portion of the syringoma is treated reducing its size. If complete ablation or tissue removal is carried out too deeply, scarring may result. More recently fractional ablative lasers have been introduced allowing treatment of the deeper component of the syringoma with much reduced risk of scarring.

People with darker skin types are at greater risk of scarring. It is wise to treat a small test area first. If this is successful, without complications or unacceptable scarring, then a larger area can be treated.

Syringomas can recur after all forms of treatment as they penetrate into the deep dermis or deeper layers of the skin.

Specific treatments

Laser treatment

Fully ablative or fractional ablative devices including CO2 and erbium laser are most commonly used. For darker skin types, the erbium laser may be preferred. Dermatologists may combine fully ablative with fractional laser treatment in the same session allowing treatment to the deeper component of the syringoma.

Healing times range from 5 to 14 days. In darker skin types, temporary hyper or hypopigmentation may occur which can last several months.

If fractional laser treatment is used on its own, without combined fully ablative laser, several treatments will be required for the best results. Fractional laser is sometimes used over the entire area around the eye to blend the fully ablated areas with the background skin if the treated areas are too pale.

Electrosurgery or diathermy can be successful for very small lesions or those containing milia. A needle point hyfrecator set at the lowest effective level is preferable to hot wire diathermy.

Excision

For syringomas localised to a small area, excision (surgical removal) of the area may be an excellent method of treatment. In fair-skinned individuals, scissor excision can be effective for protuberant lesions. However, excision is not recommended in darker skin types as pigment changes may occur and may take months to resolve.

Complications

Recurrence, hypertrophic (thick) or atrophic (depressed) scarring and excessive dyspigmentation (a too dark or too pale appearance) are uncommon complications.

What is the post treatment prognosis?

Treatment is usually successful. However, syringomas are likely to recur and maintenance treatment may be necessary. Recurring syringomas can be safely treated again.