Dermatology Practical & Conceptual

Reactive Eccrine Syringofibroadenoma Associated with Neuropathy and Diabetic Foot Ulcer

Yusuf Can Edek[1], Hale Nur Ertugay Aral[1], Meral Toker[2], Betül Öğüt[2], Esra Adışen[1]

1 Department of Dermatology, Gazi University Faculty of Medicine, Ankara, Turkey
2 Department of Pathology, Gazi University Faculty of Medicine, Ankara, Turkey

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Corresponding Author: Yusuf Can Edek. Address: Gazi Universitesi Tip Fakultesi Hastanesi, Emniyet Mahallesi, Mevlana Bulvari, No: 29, 06560 Ankara/ Turkey. ORCID ID: 0000-0002-3877-8681. E-mail: yusuf-can-35@hotmail.com

Case Presentation

A 67-year-old female patient presented to our department with a leg ulcer on the left foot. Her medical history revealed palmoplantar pustular psoriasis, hypertension, and type 2 diabetes with neuropathy and nephropathy. Dermatological examination showed a sharply demarcated ulcer on the dorsum of left foot; multiple cobblestone-like flesh-colored nodules on the dorsum of the foot were also observed. Pink lacunae separated by white septa were seen in the dermoscopic analysis (Figure 1A-C). Histopathological analysis of the nodules showed a lesion consisting of anastomosing epithelial cords on a fibrovascular base forming a “lattice-like” pattern and duct-like structures within the anastomosing cords (Figure 1D-F). Eccrine syringofibroadenoma (ESFA) diagnosis was made, and the patient was accepted as having reactive ESFA due to the acral location of the lesion accompanying diabetic neuropathy and foot ulcer.

Teaching Point

ESFA is a rare adnexal tumor of eccrine ductal differentiation that often appears as a solitary, hyperkeratotic nodular lesion with a tendency in the extremities. Reactive ESFA is associated with inflammatory or neoplastic dermatosis and frequently occurs in the acral location. Burn scar, bullous pemphigoid, erosive lichen planus, lymphedema, squamous cell carcinoma, psoriasis, diabetes mellitus with polyneuropathy, and chronic ulcer can trigger reactive changes that may be associated with eccrine duct remodeling or repair. Although ESFA may regress spontaneously, treatment is recommended due to the risk of malignancy. Treatment options include surgery, radiotherapy, imiquimod, and 5-fluorouracil [1,2].

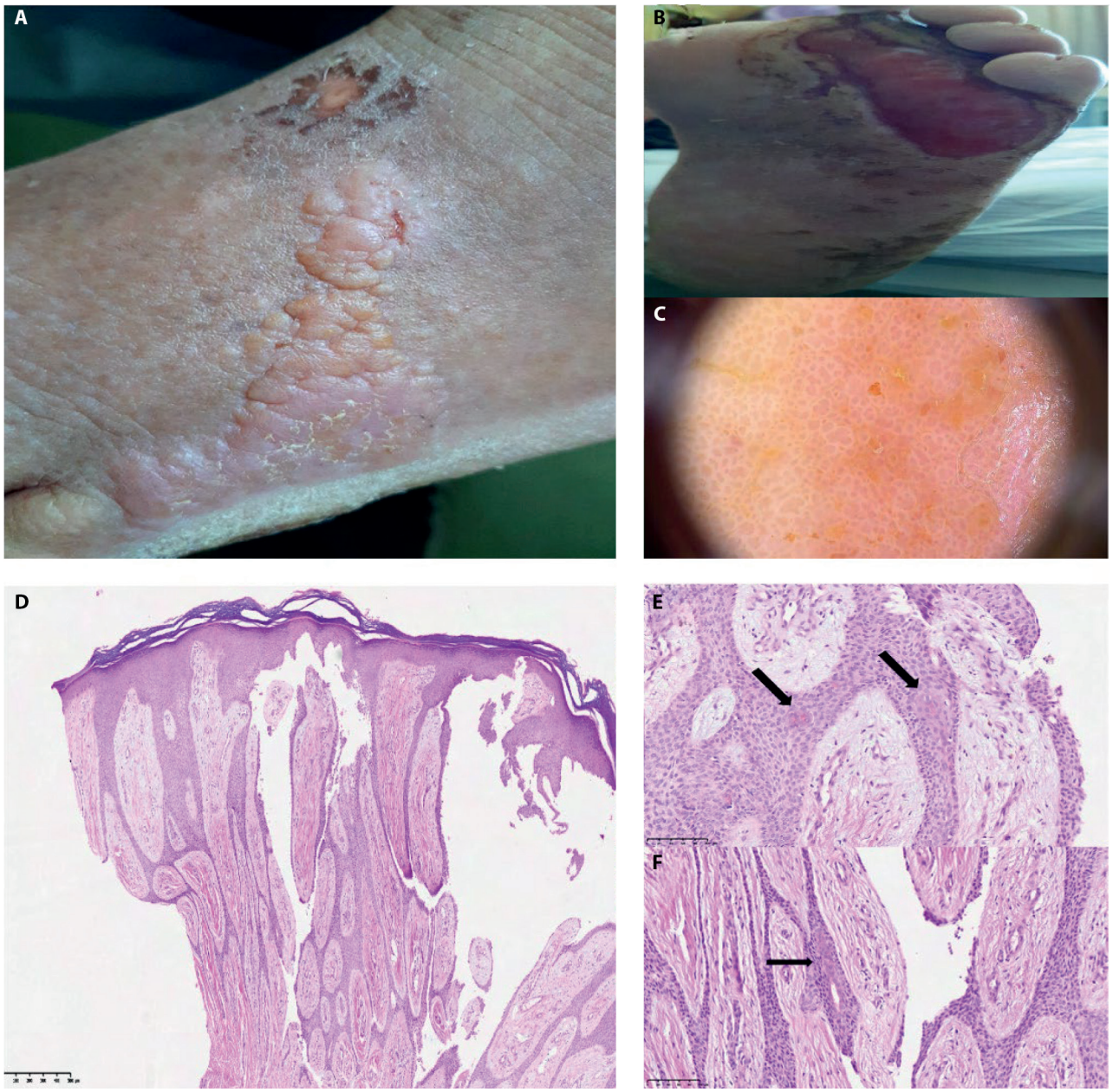

Figure 1. (A) Multiple cobblestone-like flesh-colored nodules on the dorsum of the left foot, (B) sharply demarcated ulcer on the dorsum of the left foot. (C) Dermoscopic analysis of the lesions showed pink lacunae separated by white septa. (D) A lesion consisting of anastomosing epithelial cords on a fibrovascular base and forming a "lattice-like" pattern is observed (H&E x40). (E) Duct-like structures within the anastomosing cords (H&E: x200). (F) Basophilic cuboidal lesion cells smaller in size than surrounding keratinocytes (H&E: x200).

References

1. Alli N, Polat M, Cinar SL, Kulaçoğlu S. Eccrine syringofibroadenoma. *Eur J Dermatol.* 2008 Jul-Aug;18(4):478-9. DOI: 10.1684/ejd.2008.0463. Epub 2008 Jun 23. PMID: 18573740.
2. Temnithikul B, Jerasutus S, Sudtikoonaseth P, Voravutinon N, Kootiratrakarn T, Kattipathananpong P. Eccrine syringofibroadenoma (ESFA): a report of two cases. *Dermatol Pract Concept.* 2016 Jan 31;6(1):5-8. DOI: 10.5826/dpc.0601a03. PMID: 26937300; PMCID: PMC4758438.