

Dermal Cylindroma of Face: A Case Report

¹Dr. Archana Chaurasia, ²Dr. Ramakant Dandriyal, ³Dr. Sakshi Gupta, ⁴Dr. Gaurav Bhagia, ⁵Dr. Abhishek Singh Panwar, ⁶Dr. Vishal Mishra, ⁷Dr. Uday Rastogi

¹⁻⁶Department of Oral & Maxillofacial Surgery, Institute of Dental Sciences, Bareilly, Uttar Pradesh, 243006

Corresponding Author: Dr. Archana Chaurasia, Department of Oral & Maxillofacial Surgery, Institute of Dental Sciences, Bareilly, Uttar Pradesh, 243006

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Abstract

Cylindroma is considered as an unusual benign adnexal tumor described by Ancell in 1842. Dermal Cylindroma is also known as turban tumor and spiegel's tumor, but the commonly used term is Dermal eccrine Cylindroma. Most commonly seen in females with an adult likelihood, also associated with different syndromes. Here we are presenting a case report of 62 years old male patient who reported to our department with chief complaint of solitary, firm growth over right cheek region. Excisional biopsy was done under local anesthesia and cosmetic closure was done. The biopsy reveals as dermal Cylindroma of right cheek region. There is no recurrence is seen on 3 month follow up and patient still on follow up.

Introduction

Billroth in 1859 coined and used the term Cylindroma.¹ Cylindroma is considered as unusual benign adnexal tumor first described by Ancell in 1842.² Other names

associated with Dermal Cylindroma are Turban Tumor and Spiegler's Tumor. There have been more than 15 different names proposed for this since the last century but the term Dermal eccrine Cylindroma is commonly used. These Dermal Cylindromas shows more prevalence in the scalp, head and neck areas³. Crain and Helwig conducted a study in which they have shown and concluded that 91 percent of the times dermal Cylindroma occurred in head and neck region alone followed by scalp region.¹ Usually these Cylindromas are unaccompanied and solitary but there is one case reported as dermal Cylindroma with a malignant transformation.⁴ Unaccompanied or Solitary Cylindromas are not inherited and occurs most often than multiple Cylindroma.⁵ It has been reported to be occurring more in females than males, having more female predilection.³ And the age predilection with more appearance seen is the adulthood.⁶ Dermal Cylindroma is also associated with various syndromes which are known as turban tumor syndrome which is also known as brooke

- spieglers syndrome and multiple cylindromatosis.⁷ The appearance of dermal Cylindroma clinically is smooth, firm, pink to red orange dermal tumors which can be found sometimes pedunculated.² Histologic Appearance of the dermal Cylindroma is a typical jigsaw puzzle arrangement of epithelial cell clusters encircled by hyaline bands. The origin of the dermal Cylindroma is still controversial suggesting of origin from both eccrine and apocrine derivatives.⁵

Hence In this case report we are reporting a case of Solitary dermal Cylindroma present on face from clinical, histopathological and surgical point of views, which reported to our department of oral and maxillofacial surgery, institute of dental sciences, Bareilly.

Case Report

A 62 year old male patient reported to our department of oral and maxillofacial surgery with chief complain of overgrowth on right cheek region since 10 years(Figure 1), the history of present illness was that the patient was apparently alright 10 years back then he experienced an acne on his right cheek region which gradually increased and progressed in size and attained its present size and was not associated with any other relevant signs and symptoms. The Patient had no medical or surgical history of any kind. He gave history of Bidi smoking since 30 years 5-6 times in a day , rest no other history of adverse habits.

On extra oral examination the growth was single solitary in number, round in shape present on right cheek region with dimensions of 3 x 2 cm in its greatest dimension, the colour of the skin on the overgrowth was reddish having smooth texture. The growth was non tender non pulsatile on palpation. On Intra oral examination there was no relevant findings with normal Buccal mucosa.

The treatment planning was done which the growth was planned for excisional biopsy and hence was executed in

all aspectic conditions, by painting of the surgical site with savlon and betadine then followed by adequate draping. Then LOX 2 % with 1:80000 Adrenaline was locally infiltrated around the lesion. With the help of 15 No. surgical Blade, excision of whole lesion in toto(Figure 2) was done with cuatering of all the local bleeders(Figure 3). Closurer was achieved by designing of the local flap in elliptical pattern and therefore full closure was achieved with 5-0 prolene reverse cutting sub cuticular suture(Figure 4). The excised lesion was sent for biopsy which afterwards reported as Dermal Cylindroma.(Figure 5)

No complications was observed during the excision and postoperatively of any type.

Discussion

As we know Ancell and Billroth have been credited for the describing and coining the term dermal Cylindroma in the year 1842 and 1859 respectively,^{1,2} in our case the 62 year old male patient had a single, skin coloured slight reddish bean sized nodule for 10 years, there was no subjective symptoms and no relevant history of any type. It was a well defined dermal tumor which was soft to firm in consistency.

It is necessary to differentiate it clinically from triepithiloma cyst , steatocystoma multiplex and basal cell epithelioma.⁵ Local aggressive and malignant behavior with its transformation is usually uncommon.⁶ Dermal Cylindroma's only successful treatment option is surgery involving surgical excision of the lesion in toto.³ And where there is extensive involvement it may require wide excision and replacement of the whole area by graft.⁵ When there is malignant neoplasms of the dermal Cylindroma, it is the rare cutaneous adenoid cystic carcinomas, histologically it is indistinguishable fromt hat of the salivary glands, showing perineural invasion.⁸ The frequency of the dermal Cylindroma is still uncertain and

some authors consider it as rare, large dermal Cylindroma is usually hairless, firm, and nodular and mobile on the underlying galea, while being firmly attached to the skin. The complications that can be seen are extensive growth to cover the eyes and the ear leading to total resection of the tumor bearing skin, if the Cylindroma is in the external ear or occlusion of the auditory canal leading it to deafness. If the lesion is presented for long time it can also have ulceration on the skin and ultimate complication is the malignant transformation with metastasis.⁹

Conclusion

The Dermal Cylindroma should be greatly differentiated from malignant syndromes such as basal naevoid cell carcinoma or from a distant primary tumor.⁹ Treatment lies in the surgical removal of the tumor and the complications only lies related to surgery, that is bleeding, scar and recurrence and pain.¹⁰ In our case, no such complications were seen post operatively and in any of the follow ups, and we also conclude that the surgical removal with tumor in toto is the best surgical treatment for such solitary dermal Cylindromas.

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Legend Figure



Figure 1: Extraoral Lesion



Figure 2: Excision of the lesion



Figure 3: Lesion In toto



Figure 5: 1 Month Post-op



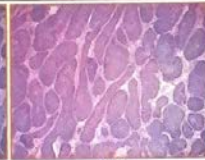
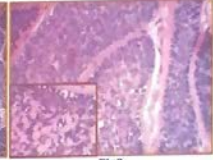
 INSTITUTE OF DENTAL SCIENCES BAREILLY-243006 (U.P.) Dept. of Oral and Maxillofacial Pathology		To be filled by the receiver Date _____ Time _____ Name _____ Sign _____	
Histopathology Report			
Name: Anish Miyan Biopsy No: H- 231/20 Received Date: 04-12-2020 Referred by: Department of Oral & Maxillofacial Surgery		Age/Sex: 62 years/ male OPD No: 667717 Address: Bareilly Reporting Date: 10-12-2020	
Clinical Information: Fibroma <i>l.r.t</i> right cheek region			
Macroscopy: Received two pieces of tissue, grey white in color, firm in consistency measuring 2.0 x 1.5 x 0.5 cm and 2.0 x 1.5 x 1.5 cm respectively in greatest dimensions. Two representative tissues were sectioned out and processed for histopathological evaluation.			
			
Fig 1	Fig 2	Fig 3	
Microscopy: The given H&E stained section shows:			
<ul style="list-style-type: none"> • Under scanner & low power view: Two pieces of tissue epidermis overlying dermal connective tissue. The dermal connective tissue shows multiple basophilic cellular islands/nests distributed in jigsaw pattern. (Fig. 1 & 2) • Under and higher magnification: The overlying epidermis is stratified squamous orthokeratinized type. The basophilic cellular islands/nests embedded in dermis show small cells with dark hyperchromatic nucleus at periphery and larger cells with more cytoplasm & paler open faced nucleus in centre. (Fig. 3) Hyaline (basement membrane-like) material is also appreciated within the islands. (Fig. 3 inset) The dermal stromal component present between the tumor islands comprises of fibrovascular connective tissue with multiple areas showing hyalination. 			
The overall histopathologic features are suggestive of " Dermal Cylindroma ". Kindly correlate clinically.			
-----End of Report-----			
Dr. Gaurav Sapra, Prof. 10/12/20		Dr. Madhusudan Astekar, Prof. & Head 10/12/20	
Rohilkhand Educational Charitable Trust (REGD.), Pilibhit ByePass Road, Opp. Suresh Sharma Nagar, Bareilly (U.P.) Ph: +91-581 2526251, 2528053 Fax: +91-2528054 Website: www.rmcbareilly.com Email: info@rmcbareilly.com This report is not valid for medico-legal purposes.			

Figure 6: Histopathology Report

Figure 4: Closures