A 32-year-old Caucasian woman presented with a 3-month history of a sudden widespread papular eruption. She was immunocompetent and did not have a temperature or other systemic symptoms. Laboratory testing showed normal findings and her medical history was unremarkable. On physical examination the lesions were found to be multiple asymptomatic, monomorphic, 1–2 mm red-coloured lenticular papules, distributed mainly on the abdomen and pubic area (Fig. 1A). A few similar, skin-coloured, lesions were detectable on the lower eyelids. Histological examination of a punch-biopsy specimen from the patient’s abdominal lesion skin, revealed the presence of epithelial cords within the dermis, and multiple small ducts with amorphous, keratinous material in their lumina (Fig. 1B). Furthermore, a lot of clear cell nests were detected.

What is your diagnosis? See next page for answer.

Fig. 1. (A) 1–2 mm red-coloured monomorphic lenticular papules, distributed on the abdomen and pubic area. A few similar skin-coloured lesions on the lower eyelids. (B) Histological examination revealed epithelial cords within the dermis (white arrow) and multiple small ducts (red and yellow arrows), lined with two rows of flattened epithelial cells, the outer layer bulging outwards to create a comma-like tail (yellow arrow).

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**Diagnosis: Clear cell syringoma, eruptive variant**

Syringomas are single or multiple benign eccrine sweat gland tumours, which are more frequent in women. They appear as small, skin-coloured or yellowish papules on the eyelids or, rarely, on the neck, antecubital fossae, abdomen and genitalia. Four principal clinical variants are reported: a more common localized form on the eyelids; a very rare familial form; a variant associated with Down’s syndrome; and a generalized variant that encompasses multiple and eruptive syringomas (1, 2).

The eruptive form is rare, usually occurs before or during puberty (3), and affects mainly Eastern populations. It is unusual in Down’s syndrome (4). The eruptive variant does not differ histologically from classic syringoma. The clear-cell variant has been clinically associated with diabetes mellitus (5). Independently of the clinical presentation, the lesions may resolve spontaneously or, more commonly, remain stable. Electro-dissection, cryotherapy, laser and topical or systemic retinoids treatment have been used without satisfactory results (6).

**REFERENCES**