



# Multiple dermal cylindroma, appropriate treatment and literature review

## *Múltiplos cilindromas dérmicos, tratamento adequado e revisão da literatura*

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Institution: Government Medical College,  
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Article received: September 9, 2016.  
Article accepted: February 21, 2017.

Conflicts of interest: none.

DOI: 10.5935/2177-1235.2017RBCP0022

### ■ ABSTRACT

Cylindromas are tumors of skin appendages. They present most commonly in the head and neck area. Many modalities have been described to treat them. We present a case of an elderly female who presented to us with recurrent lesions and was offered radical excision of all lesions versus excision of symptomatic lesions. She opted for the removal of symptomatic lesions. Surgical excision of symptomatic lesions is a reasonable alternative in elderly patients.

**Keywords:** Second-look surgery; Clinical protocols; Skin neoplasms; Aged.

### ■ RESUMO

Os cilindromas são tumores de apêndices cutâneos. Apresentam-se normalmente na área da cabeça e pescoço. Muitas modalidades foram descritas para seu tratamento. Apresentamos aqui o caso de uma idosa que se apresentou com lesões recorrentes e que recebeu a opção de fazer uma excisão radical de todas as lesões *versus* a excisão das lesões sintomáticas. Ela optou por remover as lesões sintomáticas. A excisão cirúrgica das lesões sintomáticas é uma alternativa razoável para pacientes idosos.

**Descritores:** Cirurgia de Second Look; Protocolos clínicos; Neoplasias cutâneas; Idoso.

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## INTRODUCTION

Multiple dermal cylindromas are rare benign tumors of skin appendages. The exact incidence is not known. About 91% are present in the head and neck region<sup>1</sup>. They can be present in salivary glands, bronchus, lungs, extremities, breast, prostate and kidney. They can present as a solitary or multiple lesions. Multiple lesions involving the whole scalp is popularly known as turban tumour, first described by Ancell<sup>2</sup>.

## CASE REPORT

We present a case of a 62-year-old female who presented with multiple cylindromas in the head and neck region. She had complaints of pain from the swelling in the posterior part of her head and off and on bleeding from the lesion. Examination revealed multiple pink rubbery hairless tumors in the region of the head and neck (Figures 1 and 2). Wedge biopsy from a lesion was suggestive of cylindroma. Patient was given the option of complete excision of all the lesion with reconstructive procedures and resection of symptomatic lesions and primary closure. She opted for resection of the lesions causing discomfort only.



Figure 1. Before 3<sup>rd</sup> resection.

After being investigated for anesthetic fitness, she underwent resection of those lesions under general anesthesia. Raw areas were closed primarily. Lesions over forehead were resected followed by application of thick graft over the raw area. Postoperative period was uneventful and patient was discharged on 3<sup>rd</sup> post-operative day.



Figure 2. Before 3<sup>rd</sup> resection - note skin graft over forehead done in earlier surgery.

Histopathology was suggestive of Cylindroma. Follow-up after 3 months showed the development of new lesions of which those causing discomfort on the right side of face and in the post auricular area were resected. She again underwent a 3<sup>rd</sup> resection of new symptomatic lesions on her occipital region (Figures 3 and 4). None of the lesions showed a malignant transformation.

## DISCUSSION

Dermal Cylindromas may occur sporadically or may be inherited in Autosomal Dominant manner on Cyld 1 gene on chromosome 16<sup>3</sup>. Women are affected more than men with a female to male ratio of 3:1 to 9:1<sup>4</sup>. Immunohistochemical markers show their derivation from apocrine and eccrine glands.

Surgery remains the mainstay of treatment for dermal cylindromas. Solitary tumors can be dealt with simple surgical excision and primary closure. Small lesions may be dealt with carbon dioxide laser<sup>3</sup>. Multiple lesions may require serial excision or excision of the symptomatic lesions. Extensive lesions like turban tumor may be dealt with excision followed by split thickness skin grafting. Total excision of the scalp has also been done<sup>5</sup>.

Procedures such as dermabrasion and ablation with electrocautery are associated with a high recurrence



Figure 3. After 3<sup>rd</sup> resection - Vertex view.



Figure 4. After 3<sup>rd</sup> resection - skin graft on occipital area.

rate<sup>2</sup> as they do not result in complete removal of dermal appendages. These tumors are associated with Brooke, syringiomas, spiredinomas. Malignant transformation is rare. They may present with lymph node metastasis. These are treated with neck dissection along with radiotherapy and chemotherapy<sup>6</sup>.

## CONCLUSION

Dermal Cylindromas are rare tumors which present in a variety of ways. The awareness of the various treatment options is necessary and helpful in providing satisfactory surgical outcome. Simple serial excision of the symptomatic lesions in elderly patients is a good option with minimal morbidity.

## COLLABORATIONS

- SBP** Conception and design of the study; final approval of the manuscript; writing the manuscript or critical review of its contents.
- SH** Conception and design of the study; final approval of the manuscript.

## REFERENCES

1. Freedman AM, Woods JE. Total scalp excision and auricular resurfacing for dermal cylindroma (turban tumor). *Ann Plast Surg.* 1989;22(1):50-7. PMID: 2538102 DOI: <http://dx.doi.org/10.1097/0000637-198901000-00010>
2. De Backer A, Houte KV, Duinslaeger L, Wylock P. Familial dermal eccrine cylindroma (turban tumor) - A report of two cases with emphasis on the surgical approach. *Eur J Plast Surg.* 1986;9(3):113-6. DOI: <http://dx.doi.org/10.1007/BF00298953>
3. Gupta R, Jain R, Sood S, Mohan H. Dermal cylindroma presenting as mass lesion in superomedial orbit. *Indian J Ophthalmol.* 2003;51(3):257-9. PMID: 14601853
4. Fredrich RE. Dermal cylindroma of scalp (turban tumor) and subjacent calvarial defect. *Anticancer Res.* 2010;30(5):1793-7.
5. Alix T, Labbé D, Caquant L, Comoz F, Compère JF, Bénateau H. Management of whole-scalp tumour: the Poncet-Spiegler cylindroma or turban tumour. *Rev Stomatol Chir Maxillofac.* 2009;110(2):109-12. PMID: 19328506 DOI: <http://dx.doi.org/10.1016/j.stomax.2009.01.005>
6. Akgul GG, Yenidogan E, Dinc S, Pak I, Colakoglu MK, Gulcelik MA. Malign cylindroma of the scalp with multiple cervical lymph node metastasis-A case report. *Int J Surg Case Rep.* 2013;4(7):589-92. DOI: <http://dx.doi.org/10.1016/j.ijscr.2013.02.027>

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