

World Journal of *Clinical Cases*

World J Clin Cases 2022 October 16; 10(29): 10391-10822



STANDARD AND CONSENSUS

- 10391** Baishideng's *Reference Citation Analysis* database announces the first *Article Influence Index* of multidisciplinary scholars
Wang JL, Ma YJ, Ma L, Ma N, Guo DM, Ma LS

REVIEW

- 10399** Cholecystectomy for asymptomatic gallstones: Markov decision tree analysis
Lee BJH, Yap QV, Low JK, Chan YH, Shelat VG
- 10413** Liver transplantation for hepatocellular carcinoma: Historical evolution of transplantation criteria
Ince V, Sahin TT, Akbulut S, Yilmaz S

MINIREVIEWS

- 10428** Prostate only radiotherapy using external beam radiotherapy: A clinician's perspective
Lee JW, Chung MJ

ORIGINAL ARTICLE**Retrospective Study**

- 10435** Age-adjusted NT-proBNP could help in the early identification and follow-up of children at risk for severe multisystem inflammatory syndrome associated with COVID-19 (MIS-C)
Rodriguez-Gonzalez M, Castellano-Martinez A
- 10451** Clinicopathological characteristics and prognosis of gastric signet ring cell carcinoma
Tian HK, Zhang Z, Ning ZK, Liu J, Liu ZT, Huang HY, Zong Z, Li H

- 10467** Development and validation of a prognostic nomogram for decompensated liver cirrhosis
Zhang W, Zhang Y, Liu Q, Nie Y, Zhu X

Observational Study

- 10478** Effect of medical care linkage-continuous management mode in patients with posterior circulation cerebral infarction undergoing endovascular interventional therapy
Zhu FX, Ye Q
- 10487** Effect of the COVID-19 pandemic on patients with presumed diagnosis of acute appendicitis
Akbulut S, Tuncer A, Ogut Z, Sahin TT, Koc C, Guldogan E, Karabulut E, Tanriverdi ES, Ozer A

EVIDENCE-BASED MEDICINE

- 10501** Delineation of a SMARCA4-specific competing endogenous RNA network and its function in hepatocellular carcinoma

Zhang L, Sun T, Wu XY, Fei FM, Gao ZZ

SYSTEMATIC REVIEWS

- 10516** Comparison of laboratory parameters, clinical symptoms and clinical outcomes of COVID-19 and influenza in pediatric patients: A systematic review and meta-analysis

Yu B, Chen HH, Hu XF, Mai RZ, He HY

CASE REPORT

- 10529** Surgical treatment of bipolar segmental clavicle fracture: A case report

Liang L, Chen XL, Chen Y, Zhang NN

- 10535** Multiple disciplinary team management of rare primary splenic malignancy: Two case reports

Luo H, Wang T, Xiao L, Wang C, Yi H

- 10543** Klippel-Trenaunay-Weber syndrome with ischemic stroke: A case report

Lee G, Choi T

- 10550** Vedolizumab in the treatment of immune checkpoint inhibitor-induced colitis: Two case reports

Zhang Z, Zheng CQ

- 10559** Novel way of patent foramen ovale detection and percutaneous closure by intracardiac echocardiography: A case report

Han KN, Yang SW, Zhou YJ

- 10565** Treatment failure in a patient infected with *Listeria* sepsis combined with latent meningitis: A case report

Wu GX, Zhou JY, Hong WJ, Huang J, Yan SQ

- 10575** Three-in-one incidence of hepatocellular carcinoma, cholangiocellular carcinoma, and neuroendocrine carcinoma: A case report

Wu Y, Xie CB, He YH, Ke D, Huang Q, Zhao KF, Shi RS

- 10583** Intestinal microbiome changes in an infant with right atrial isomerism and recurrent necrotizing enterocolitis: A case report and review of literature

Kaplina A, Zaikova E, Ivanov A, Volkova Y, Alkhova T, Nikiforov V, Latypov A, Khavkina M, Fedoseeva T, Pervunina T, Skorobogatova Y, Volkova S, Ulyantsev V, Kalinina O, Sitkin S, Petrova N

- 10600** *Serratia fonticola* and its role as a single pathogen causing emphysematous pyelonephritis in a non-diabetic patient: A case report

Villasuso-Alcocer V, Flores-Tapia JP, Perez-Garfias F, Rochel-Perez A, Mendez-Dominguez N

- 10606** Cardiac myxoma shedding leads to lower extremity arterial embolism: A case report

Meng XH, Xie LS, Xie XP, Liu YC, Huang CP, Wang LJ, Zhang GH, Xu D, Cai XC, Fang X

- 10614** Extracorporeal membrane oxygenation in curing a young man after modified Fontan operation: A case report
Guo HB, Tan JB, Cui YC, Xiong HF, Li CS, Liu YF, Sun Y, Pu L, Xiang P, Zhang M, Hao JJ, Yin NN, Hou XT, Liu JY
- 10622** Wandering small intestinal stromal tumor: A case report
Su JZ, Fan SF, Song X, Cao LJ, Su DY
- 10629** Acute mesenteric ischemia secondary to oral contraceptive-induced portomesenteric and splenic vein thrombosis: A case report
Zhao JW, Cui XH, Zhao WY, Wang L, Xing L, Jiang XY, Gong X, Yu L
- 10638** Perioperative anesthesia management in pediatric liver transplant recipient with atrial septal defect: A case report
Liu L, Chen P, Fang LL, Yu LN
- 10647** Multiple tophi deposits in the spine: A case report
Chen HJ, Chen DY, Zhou SZ, Chi KD, Wu JZ, Huang FL
- 10655** Myeloproliferative neoplasms complicated with β -thalassemia: Two case report
Xu NW, Li LJ
- 10663** Synchronous renal pelvis carcinoma associated with small lymphocytic lymphoma: A case report
Yang HJ, Huang X
- 10670** *Leclercia adecarboxylata* infective endocarditis in a man with mitral stenosis: A case report and review of the literature
Tan R, Yu JQ, Wang J, Zheng RQ
- 10681** Progressive ataxia of cerebrotendinous xanthomatosis with a rare c.255+1G>T splice site mutation: A case report
Chang YY, Yu CQ, Zhu L
- 10689** Intravesical explosion during transurethral resection of bladder tumor: A case report
Xu CB, Jia DS, Pan ZS
- 10695** Submucosal esophageal abscess evolving into intramural submucosal dissection: A case report
Jiao Y, Sikong YH, Zhang AJ, Zuo XL, Gao PY, Ren QG, Li RY
- 10701** Immune checkpoint inhibitor-associated arthritis in advanced pulmonary adenocarcinoma: A case report
Yang Y, Huang XJ
- 10708** Chondroid syringoma of the lower back simulating lipoma: A case report
Huang QF, Shao Y, Yu B, Hu XP
- 10713** Tension-reduced closure of large abdominal wall defect caused by shotgun wound: A case report
Li Y, Xing JH, Yang Z, Xu YJ, Yin XY, Chi Y, Xu YC, Han YD, Chen YB, Han Y

- 10721** Myocardial bridging phenomenon is not invariable: A case report
Li HH, Liu MW, Zhang YF, Song BC, Zhu ZC, Zhao FH
- 10728** Recurrent atypical leiomyoma in bladder trigone, confused with uterine fibroids: A case report
Song J, Song H, Kim YW
- 10735** Eczema herpeticum vs dermatitis herpetiformis as a clue of dedicator of cytokinesis 8 deficiency diagnosis: A case report
Alshengeti A
- 10742** Cutaneous allergic reaction to subcutaneous vitamin K₁: A case report and review of literature
Zhang M, Chen J, Wang CX, Lin NX, Li X
- 10755** Perithyroidal hemorrhage caused by hydrodissection during radiofrequency ablation for benign thyroid nodules: Two case reports
Zheng BW, Wu T, Yao ZC, Ma YP, Ren J
- 10763** Malignant giant cell tumors of the tendon sheath of the right hip: A case report
Huang WP, Gao G, Yang Q, Chen Z, Qiu YK, Gao JB, Kang L
- 10772** Atypical Takotsubo cardiomyopathy presenting as acute coronary syndrome: A case report
Wang ZH, Fan JR, Zhang GY, Li XL, Li L
- 10779** Secondary light chain amyloidosis with Waldenström's macroglobulinemia and intermodal marginal zone lymphoma: A case report
Zhao ZY, Tang N, Fu XJ, Lin LE
- 10787** Bilateral occurrence of sperm granulomas in the left spermatic cord and on the right epididymis: A case report
Ly DY, Xie HJ, Cui F, Zhou HY, Shuang WB
- 10794** Glucocorticoids combined with tofacitinib in the treatment of Castleman's disease: A case report
Liu XR, Tian M
- 10803** Giant bilateral scrotal lipoma with abnormal somatic fat distribution: A case report
Chen Y, Li XN, Yi XL, Tang Y
- 10811** Elevated procalcitonin levels in the absence of infection in procalcitonin-secreting hepatocellular carcinoma: A case report
Zeng JT, Wang Y, Wang Y, Luo ZH, Qing Z, Zhang Y, Zhang YL, Zhang JF, Li DW, Luo XZ

LETTER TO THE EDITOR

- 10817** "Helicobacter pylori treatment guideline: An Indian perspective": Letter to the editor
Swarnakar R, Yadav SL
- 10820** Effect of gender on the reliability of COVID-19 rapid antigen test among elderly
Nori W, Akram W

ABOUT COVER

Editorial Board Member of *World Journal of Clinical Cases*, Natalia Stepanova, DSc, MD, PhD, Academic Research, Chief Doctor, Full Professor, Department of Nephrology and Dialysis, State Institution "Institute of Nephrology of the National Academy of Medical Sciences of Ukraine", Kyiv 04050, Ukraine. nmstep88@gmail.com

AIMS AND SCOPE

The primary aim of *World Journal of Clinical Cases (WJCC, World J Clin Cases)* is to provide scholars and readers from various fields of clinical medicine with a platform to publish high-quality clinical research articles and communicate their research findings online.

WJCC mainly publishes articles reporting research results and findings obtained in the field of clinical medicine and covering a wide range of topics, including case control studies, retrospective cohort studies, retrospective studies, clinical trials studies, observational studies, prospective studies, randomized controlled trials, randomized clinical trials, systematic reviews, meta-analysis, and case reports.

INDEXING/ABSTRACTING

The *WJCC* is now abstracted and indexed in Science Citation Index Expanded (SCIE, also known as SciSearch®), Journal Citation Reports/Science Edition, Current Contents®/Clinical Medicine, PubMed, PubMed Central, Scopus, Reference Citation Analysis, China National Knowledge Infrastructure, China Science and Technology Journal Database, and Superstar Journals Database. The 2022 Edition of Journal Citation Reports® cites the 2021 impact factor (IF) for *WJCC* as 1.534; IF without journal self cites: 1.491; 5-year IF: 1.599; Journal Citation Indicator: 0.28; Ranking: 135 among 172 journals in medicine, general and internal; and Quartile category: Q4. The *WJCC*'s CiteScore for 2021 is 1.2 and Scopus CiteScore rank 2021: General Medicine is 443/826.

RESPONSIBLE EDITORS FOR THIS ISSUE

Production Editor: *Hua-Ge Yu*; Production Department Director: *Xiang Li*; Editorial Office Director: *Jin-Lei Wang*.

NAME OF JOURNAL

World Journal of Clinical Cases

ISSN

ISSN 2307-8960 (online)

LAUNCH DATE

April 16, 2013

FREQUENCY

Thrice Monthly

EDITORS-IN-CHIEF

Bao-Gan Peng, Jerzy Tadeusz Chudek, George Kontogeorgos, Maurizio Serati, Ja Hyeon Ku

EDITORIAL BOARD MEMBERS

<https://www.wjgnet.com/2307-8960/editorialboard.htm>

PUBLICATION DATE

October 16, 2022

COPYRIGHT

© 2022 Baishideng Publishing Group Inc

INSTRUCTIONS TO AUTHORS

<https://www.wjgnet.com/bpg/gerinfo/204>

GUIDELINES FOR ETHICS DOCUMENTS

<https://www.wjgnet.com/bpg/GerInfo/287>

GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH

<https://www.wjgnet.com/bpg/gerinfo/240>

PUBLICATION ETHICS

<https://www.wjgnet.com/bpg/GerInfo/288>

PUBLICATION MISCONDUCT

<https://www.wjgnet.com/bpg/gerinfo/208>

ARTICLE PROCESSING CHARGE

<https://www.wjgnet.com/bpg/gerinfo/242>

STEPS FOR SUBMITTING MANUSCRIPTS

<https://www.wjgnet.com/bpg/GerInfo/239>

ONLINE SUBMISSION

<https://www.f6publishing.com>

Chondroid syringoma of the lower back simulating lipoma: A case report

Qiu-Feng Huang, Yong Shao, Bo Yu, Xiao-Ping Hu

Specialty type: Medicine, research and experimental

Provenance and peer review: Unsolicited article; Externally peer reviewed.

Peer-review model: Single blind

Peer-review report's scientific quality classification

Grade A (Excellent): 0
Grade B (Very good): 0
Grade C (Good): C, C
Grade D (Fair): 0
Grade E (Poor): 0

P-Reviewer: Jeyaraman M, India; Taieb MAH, Tunisia

Received: May 9, 2022

Peer-review started: May 9, 2022

First decision: May 30, 2022

Revised: June 10, 2022

Accepted: September 6, 2022

Article in press: September 6, 2022

Published online: October 16, 2022



Qiu-Feng Huang, Bo Yu, Xiao-Ping Hu, Department of Dermatology, Peking University Shenzhen Hospital, Shenzhen 518035, Guangdong Province, China

Yong Shao, Shenzhen Peking University-The Hong Kong University of Science and Technology Medical Center, Biomedical Research Institute, Shenzhen 518035, Guangdong Province, China

Corresponding author: Xiao-Ping Hu, PhD, Associate Professor, Department of Dermatology, Peking University Shenzhen Hospital, No. 1120 Lianhua Road, Futian District, Shenzhen 518035, Guangdong Province, China. 47776040@qq.com

Abstract

BACKGROUND

Chondroid syringoma (CS) is a rare tumor of the apocrine or eccrine glands. CS of the lower back is rare, and its clinical manifestations are similar to those of lipoma, which is a common misdiagnosis for this disease.

CASE SUMMARY

A 39-year-old woman presented with a 2-year history of an asymptomatic subcutaneous mass on the lower back. The lesions increased progressively over time. The patient denied any history. Dermatological examination showed that there was a subcutaneous mass, ranging from 3-4 cm in diameter, with a clear boundary on the lower back. The surface of the skin was smooth without ulceration or scaling. Histopathologic examination was consistent with the diagnosis of CS.

CONCLUSION

CS is a rare tumor of the apocrine or eccrine glands. It usually presents as a well-circumscribed and single subcutaneous masses. Histopathology showed the tumor was located in the dermis, with nests, sheets, and cords of basal-like cells, mucin deposition, and chondroid structures. We herein report a case of CS located in the lower back. CS of the lower back is rare, and its clinical manifestations are similar to those of lipoma, for which it is commonly misdiagnosed.

Key Words: Chondroid syringoma; Mixed tumor; Lower back; Lipoma; Case report

©The Author(s) 2022. Published by Baishideng Publishing Group Inc. All rights reserved.

Core Tip: Chondroid syringoma (CS) is a rare tumor of the apocrine or eccrine glands. It usually occurs in the nose and surrounding areas, and it is rare in the lower back. It usually presents as a well-circumscribed, slow-growing, and single subcutaneous masses. It is easy to clinically misdiagnose CS as lipoma, but histopathological examination is helpful for the diagnosis and treatment of this disease. In our case, combined with the patient's present illness, dermatological examination, and histopathology, the patient was diagnosed with CS. After surgical resection, no recurrence was found in follow-up visits.

Citation: Huang QF, Shao Y, Yu B, Hu XP. Chondroid syringoma of the lower back simulating lipoma: A case report. *World J Clin Cases* 2022; 10(29): 10708-10712

URL: <https://www.wjgnet.com/2307-8960/full/v10/i29/10708.htm>

DOI: <https://dx.doi.org/10.12998/wjcc.v10.i29.10708>

INTRODUCTION

Chondroid syringoma (CS), also known as mixed tumor of the skin (MTS), is a rare apocrine or eccrine tumor, accounting for 0.01% of primary skin tumors[1]. The etiology of CS is unknown, and it usually occurs in the head and neck, but is uncommon in the lower back. CS has no specific clinical manifestations and it is easily misdiagnosed as epidermoid cyst and lipoma[2]. In addition, CS has the potential for malignant transformation. The risk of clinical atypia and malignancy leads to delayed treatment[3]. Diagnosing CS is a challenge for clinicians. Therefore, we report a case of atypical CS and summarize its clinical manifestations, characteristic pathological findings, and treatment methods to raise clinicians' awareness of the rare location of this rare disease.

CASE PRESENTATION

Chief complaints

A 39-year-old woman presented with an asymptomatic subcutaneous mass on the lower back which had been present for 2 years.

History of present illness

In 2020, a female patient presented with an asymptomatic subcutaneous mass on the lower back. Dermatological examination showed a subcutaneous mass, ranging from 3-4 cm in diameter, with clear boundaries. The surface of the skin was smooth without ulceration or scaling. We initially considered lipoma; however, histopathologic examination revealed a well-defined dermal tumor with nests, sheets, and cords of basal-like cells, glandular structures, interstitial mucin deposition, and chondroid structures in some areas. Therefore, our final diagnosis was CS.

History of past illness

The patient had no previous history.

Personal and family history

The patient denied any family history of similar diseases or genetic history.

Physical examination

The physical examination indicated that the patient's general condition was good, with no obvious abnormalities in the heart, lung, or abdomen, and superficial lymph nodes were not touched or enlarged. Upon dermatological examination, there was a subcutaneous mass, ranging from 3-4 cm in diameter, with a clear boundary on the lower back. The surface of the skin was smooth without ulceration or scaling (Figures 1A and 1B).

Laboratory examinations

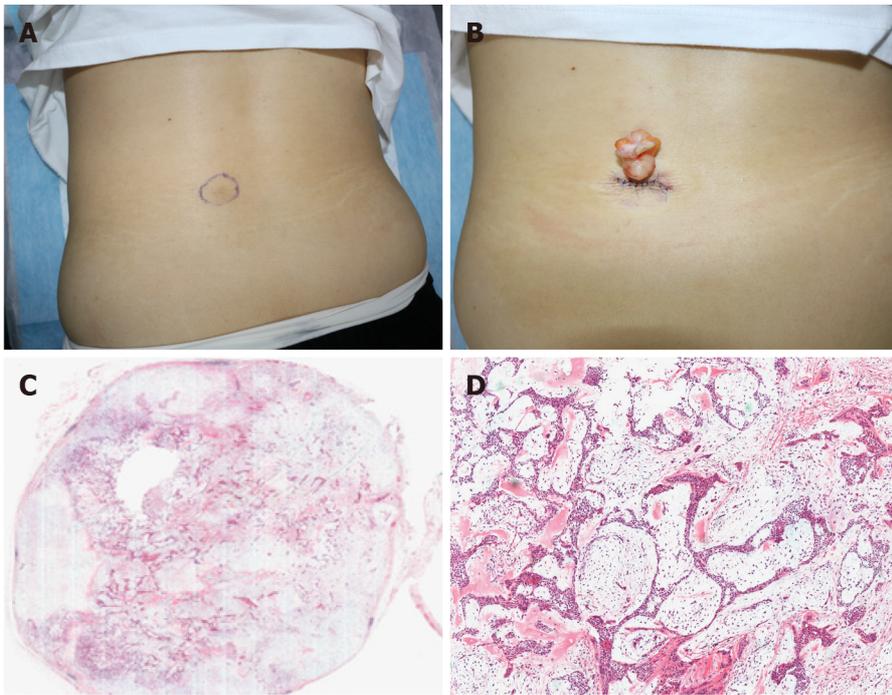
The patient's laboratory tests were normal.

Imaging examinations

Imaging examination was not special.

Histopathologic examination

Histopathologic examination revealed a well-defined dermal tumor with nests, sheets, and cords of



DOI: 10.12998/wjcc.v10.i29.10708 Copyright ©The Author(s) 2022.

Figure 1 Images of the mass. A: A Clinical image of a subcutaneous mass, ranging from 3-4 cm in diameter; B: A yellow, smooth, tough mass with a clear boundary and a size of about 5 cm × 4 cm; C: A well-defined dermal tumor (hematoxylin-eosin staining, × 10); D: Tumor with nests, sheets, and cords of basal-like cells, glandular structures, interstitial mucin deposition, and chondroid structures in some areas (hematoxylin-eosin staining, × 200).

basal-like cells, including glandular structures, interstitial mucin deposition, and chondroid structures in some areas (Figures 1C and 1D).

FINAL DIAGNOSIS

The final diagnosis was CS.

TREATMENT

The patient underwent surgical excision of the tumor, which revealed a yellow, smooth, tough mass with a clear boundary and a size of about 5 cm × 4 cm (Figure 1B).

OUTCOME AND FOLLOW-UP

There was no reoccurrence during the follow-up. No recurrence was found by palpation, and contrast-enhanced ultrasound was available for evaluation if necessary.

DISCUSSION

CS, also known as MTS, is a rare apocrine or eccrine tumor, accounting for 0.01% of primary skin tumors. CS was first described as a tumor located in the salivary gland by Billroth in 1895, and Virchow called it MTX a few years later because it appeared identical to mesenchymal neoplasm[1]. CS was first named in 1961[1]. Known for its chondroid sweat gland component, CS is mostly benign and has also been reported as malignant. The etiology of CS is unknown, and it usually occurs in the head and neck, especially in the nose and surrounding areas. It is rare in the external ear, lower lip, upper eyelid, scrotum, vulva, and other skin regions[1-3]. Lesions are mostly located in the dermis, with occasional occurrence up to the subcutaneous tissue. CS is more common in males between 20 and 40 years of age, while the malignant variant is more common in females[4]. The clinical features of CS are nonspecific and are characterized by isolated, raised, solid, asymptomatic nodules between 0.5 cm and 3.0 cm in

diameter, with an average diameter of about 1 cm. Risk of malignancy increases in CS when lesions are greater than 3.0 cm in size[5]. Clinical diagnosis of CS is relatively difficult, and the diagnosis of CS is mainly based on histopathology. At present, the direction of CS differentiation is still controversial[6]. CS can differentiate either to eccrine or apocrine elements, with apocrine elements showing dominance. The resected tumor was comprised of epithelial and mesenchymal stromal derived elements. Histopathology showed that the tumor was located in the deep dermis or fat layer and differentiated into apocrine elements. It was characterized by irregular tubule-alveolar and ductal structures, which were composed of cuboid or polygonal cells in the shape of cords and nests, and embedded in myxoid and chondroid mesenchyma, with apocrine secretion[7]. The eccrine elements of CS differentiation showed a tubular structure, with epithelial cells scattered in chondroid and myxoid stroma, and without apocrine secretion[4,7]. CS contains acid mucopolysaccharide in cartilage and fibrous connective tissue, so Alcian blue staining can be positive. In addition, immunohistochemistry was helpful to understand the differentiation of CS, and the strong expression of CK15, EMA, carcinoembryonic antigen, and P63 suggested apocrine differentiation of the tumor. Histopathology can present obvious myoepithelial differentiation. Positive myoepithelial markers such as smooth muscle actin or calponin indicate myoepithelial differentiation, which can be diagnosed as myoepithelioma[8]. CS usually has a benign nature, but there is still a risk of malignancy. Histopathology showed cytological atypia, increased mitotic figures, infiltrative tumor margins, satellite nodules, and tumor liquefaction necrosis, which can be indicative of malignant transformation[2,9]. This patient would have typically been identified with lipoma, epidermoid cyst, dermoid cyst, *etc.* CS can be identified from other disease by histopathology. The clinical manifestations in this patient were similar to those of lipomas, with a subcutaneous active and tough mass. The histopathology of the lipoma revealed a well-defined dermal tumor with normal adipose cells. There are no fatty lobules separating the tumor tissue[9]. The histopathology of the epidermoid cyst showed a sharply defined cyst in the dermis with a wall composed of lamellar squamous epithelium. The contents of the cyst were horny material in the form of a net basket or plate layer[10]. Surgical resection is preferred for CS treatment. Incomplete resection of CS may lead to recurrence and malignant transformation. Therefore, the scope of surgical resection should be clearly defined before surgery and regular follow-up should be conducted after surgery[2].

The patient was an otherwise healthy middle-aged woman with a subcutaneous mass on the lower back for more than 2 years. The tumor gradually increased with a smooth skin surface and she was asymptomatic. The tumor was non-tender, slightly hard, and mobile, with a mass measuring 4 cm × 5 cm in size palpable on the lower back. Lipoma was considered in the initial diagnosis, but histopathological examination showed CS. Surgical resection was the first choice after diagnosis. The literature has reported that lesions with a diameter of more than 3 cm and occurring in females have a greater risk of malignant transformation. CS on the lower back is rare and easily misdiagnosed as lipoma or epidermoid cysts, resulting in delayed treatment and further increased risk of recurrence and malignant transformation.

CONCLUSION

This case is being reported for its rarity. A CS of the lower back is rare, and it is extremely easy to misdiagnose as lipoma. Even though CS is benign, it may become a malignant tumor. We report CS of the lower back mainly to improve clinicians' understanding of this disease. Prompt diagnosis and treatment can reduce malignancy and recurrence.

FOOTNOTES

Author contributions: Huang QF contributed to the drafting and revision of the manuscript; Shao Y contributed to the conception and designed the work that led to the submission, acquired the data, and played an important role in interpreting the results; Yu B contributed to approval of the final version; Hu XP contributed to analysis with constructive discussions.

Supported by Shenzhen Sanming Project, No. SZSM201812059; and Shenzhen Key Medical Discipline Construction Fund, No. SZXK040.

Informed consent statement: The patient gave written informed consent to the publication of her case details.

Conflict-of-interest statement: All the authors report no relevant conflicts of interest for this article.

CARE Checklist (2016) statement: The authors have read the CARE Checklist (2016), and the manuscript was prepared and revised according to the CARE Checklist (2016).

Open-Access: This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (CC BY-

NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <https://creativecommons.org/licenses/by-nc/4.0/>

Country/Territory of origin: China

ORCID number: Qiu-Feng Huang 0000-0002-6873-6730; Yong Shao 0000-0002-6433-9965; Bo Yu 0000-0002-5579-6806; Xiao-Ping Hu 0000-0002-5532-979X.

S-Editor: Wang JJ

L-Editor: Wang TQ

P-Editor: Wang JJ

REFERENCES

- 1 **Walvekar PV**, Jakati S, Bothra N, Kaliki S. Isolated eyelid chondroid syringoma: a study of two cases. *BMJ Case Rep* 2021; **14** [PMID: 34969791 DOI: 10.1136/bcr-2021-245354]
- 2 **Gotoh S**, Ntege EH, Nakasone T, Matayoshi A, Miyamoto S, Shimizu Y, Nakamura H. Mixed tumour of the skin of the lower lip: A case report and review of the literature. *Mol Clin Oncol* 2022; **16**: 69 [PMID: 35251620 DOI: 10.3892/mco.2022.2502]
- 3 **Bedir R**, Yurdakul C, Sehitoglu I, Gucer H, Tunc S. Chondroid syringoma with extensive bone formation: a case report and review of the literature. *J Clin Diagn Res* 2014; **8**: FD15-FD17 [PMID: 25478357 DOI: 10.7860/JCDR/2014/10026.5003]
- 4 **Barnett MD**, Wallack MK, Zuretti A, Mesia L, Emery RS, Berson AM. Recurrent malignant chondroid syringoma of the foot: a case report and review of the literature. *Am J Clin Oncol* 2000; **23**: 227-232 [PMID: 10857882 DOI: 10.1097/00000421-200006000-00003]
- 5 **Reddy PB**, Nandini DB, Sreedevi R, Deepak BS. Benign chondroid syringoma affecting the upper lip: Report of a rare case and review of literature. *J Oral Maxillofac Pathol* 2018; **22**: 401-405 [PMID: 30651687 DOI: 10.4103/jomfp.JOMFP_35_18]
- 6 **Agarwal R**, Kulhria A, Singh K, Agarwal D. Cytodiagnosis of chondroid syringoma-Series of three cases. *Diagn Cytopathol* 2021; **49**: E374-E377 [PMID: 34174020 DOI: 10.1002/dc.24818]
- 7 **Jain A**, Arava S. Chondroid syringoma with extensive cystic change and focal syringometaplasia: A rare histomorphological finding. *Indian J Pathol Microbiol* 2018; **61**: 143-144 [PMID: 29567907 DOI: 10.4103/IJPM.IJPM_539_16]
- 8 **Bahrami A**, Dalton JD, Krane JF, Fletcher CD. A subset of cutaneous and soft tissue mixed tumors are genetically linked to their salivary gland counterpart. *Genes Chromosomes Cancer* 2012; **51**: 140-148 [PMID: 22038920 DOI: 10.1002/gcc.20938]
- 9 **De Sanctis CM**, Zara F, Sfasciotti GL. An Unusual Intraoral Lipoma: A Case Report and Literature Review. *Am J Case Rep* 2020; **21**: e923503 [PMID: 32564054 DOI: 10.12659/AJCR.923503]
- 10 **Cui X**, Wu X, Yao X. Surgical treatment for a giant epidermoid cyst on the buttock. *Dermatol Ther* 2020; **33**: e13275 [PMID: 32061013 DOI: 10.1111/dth.13275]



Published by **Baishideng Publishing Group Inc**
7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-3991568
E-mail: bpgoffice@wjgnet.com
Help Desk: <https://www.f6publishing.com/helpdesk>
<https://www.wjgnet.com>

