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Case Report

Nodular Hidradenoma– A Case Report

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Abstract
Introduction: *Nodular Hidradenoma is rare, benign adnexal tumor arising from the eccrine sweat glands. It presents usually as a slow growing, nodular, solid or cystic cutaneous mass with serous discharge or ulceration.*
Case Report: *We report case of a 78-year-old lady who presented with a slowly progressive nodular mass over left cheek. Histopathological examination of excision biopsy show histomorphological features characteristic of Nodular Hidradenoma.*
Conclusion: *Nodular hidradenoma is a rare benign tumor. The clinician and the pathologist should have a strong index of suspicion to detect the lesion as malignant transformation can be there in these lesions.*
Keywords: *Adnexal, Nodular, Eccrine.*

Introduction

Hidradenoma is benign cutaneous tumor arising from sweat gland. Other names of this tumour are nodular hidradenoma, eccrine acrospiroma and solid cystic hidradenoma.[1] The age of presentation is in the elderly population, with the peak in the fifth to sixth decade of life. It presents clinically as a firm, solitary intradermal nodule.[2,3] The lesions are commonly seen on head, neck and limbs and are common in women than in men.[4,5] The most common histological picture reveals both solid and cystic components with characteristic clear cells and cells with eosinophilic cytoplasm.

Case Report

A 78-year-old female presented in the skin OPD with a 3 years history of an asymptomatic

swelling over the left cheek. The swelling was insidious in onset and gradually progressive in size. The nodular swelling measured approximately 2cm × 2cm in size. On local examination, swelling was nontender and mobile. The overlying skin was ulcerated at one point with evidence of serous discharge. No associated cervical lymphadenopathy was noted. The general condition of the patient was normal. Clinical diagnosis of pyogenic granuloma was made. Local excision of the lesion was performed. The excised specimen was sent for histopathological examination. Grossly, specimen comprised of a single grey brown soft tissue piece measuring 1x0.8x0.5cm. Histopathology revealed a well circumscribed neoplasm in the dermis, extending up to subcutaneous tissue. It showed both solid and cystic component (Figure 1). The cystic spaces contained eosinophilic homogenous material. Solid component consisted of nests of two cell types, one with polyhedral shape, a rounded nucleus and slightly eosinophilic cytoplasm and another cell type with round cells containing clear cytoplasm (Figure 2). Focal ulceration of overlying epithelium was noted. No atypical mitosis or necrosis seen. The findings were consistent with the diagnosis of nodular hidradenoma.

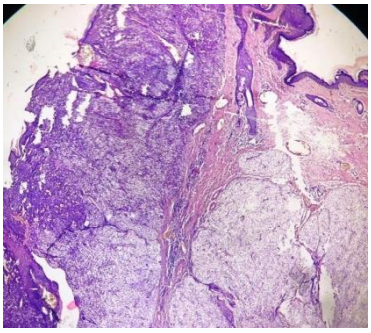

Figure 1

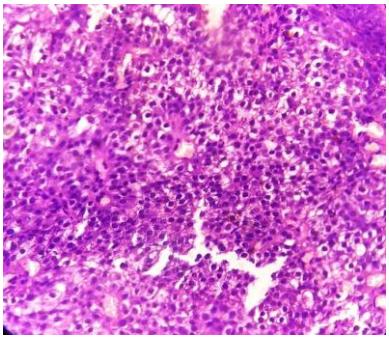

Figure 2

Discussion

Benign Nodular Hidradenoma is known by many names such as solid cystic hidradenoma, clear cell myoepithelioma, eccrine sweat gland adenoma, large cell hidradenoma and eccrine acrospiroma. It more often effects women and is commonly seen on scalp, face, anterior trunk and extremities. This tumour can occur at any age, but is commonly seen in the elderly. The first case of nodular hiradenoma was described in the literature by Delacretaz and Leresche.[6] The origin of the lesion is reported as eccrine based on the number of mitochondria, glycogen granules, and enzyme histochemistry.[7] Some mention it as of the apocrine origin. Histopathology shows both solid and cystic components. The solid portion contains two types of cells: Polyhedral cells with eosinophilic cytoplasm and glycogen containing clear cells with clear cytoplasm and Cystic areas probably result from degeneration of tumor cells. Clear cell hidradenoma shows positive staining with PAS, cytokeratin, epithelial membrane antigen, S-100 protein, smooth muscle actin, vimentinand p63.[8,9]

The exact frequency of atypical clear cell hidradenoma and their risk of transformation into malignant tumors are not known. Malignant hidradenomas usually arise de novo.[10] Malignant hidradenomas present with infiltrative growth pattern, deep extension, necrosis, nuclear pleomorphism and ≥ 4 mitoses per 10 HPFs. The management of benign, atypical and malignant hidradenomas includes wide local excision with adequate margins to reduce the risk of recurrence.

Conclusion

Nodular hidradenoma is a rare benign tumor of sweat glands. The clinician and the pathologist should have a strong index of suspicion to detect the lesion. Complete surgical excision is of the lesion is done with a close follow-up.

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