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Case Study

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MULTIPLE APOCRINE HYDROCYSTOMAS: A RARE ORNATE PRESENTATION: A CASE REPORT

Dr. Nita Kumari[1], Dr. Upasana Chauhan[2] and Dr. Aakanksha*[3]

[1]Medical Officer Dermatology Civil Hospital Ghumarwin Bilaspur.
[2]Medical Officer Dermatology Civil Hospital, Nagrota Bagwa, Kangra.
[3]Medical Officer Dermatology Civil Hospital Bhoranj Hamirpur.

***Corresponding Author: Dr. Aakanksha**

Medical Officer Dermatology Civil Hospital Bhoranj Hamirpur.

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ABSTRACT

Hydrocystomas are rare, benign cystic tumors of the sweat glands. These are usually found on head, neck and trunk region. Here we present a case of multiple hydrocystomas with periorbital distribution involving both the eyelids.

INTRODUCTION

Hydrocystomas are benign cystic tumors originating from sweat glands which can be eccrine or apocrine in origin. Although usually found in head, neck and trunk, reports of involvement of penis, axilla and anal region have also been published.[1] Apocrine hydrocystomas are also known as adenomas as the secretory cells are not flattened and have papillary projections extending into lumen. Eccrine hydrocystomas result from dilatation of duct secondary to retention of secretions. They are also divided into solitaries (Smith type) and multiples (Robinson type).[2] This case report deals with case of multiple apocrine hydrocystomas involving periorbital region.

CASE REPORT

A 61-year-old male patient presented in Dermatology OPD with asymptomatic, multiple, small, translucent, cystic lesions which were filled with a watery fluid, which had been present for the past five years. On local examination, the lesions were observed on lower eyelids bilaterally. The largest cyst measured 1x1cm. A clinical diagnosis of hydrocystoma was kept. The patient underwent an excisional biopsy of the cyst under local anaesthesia and the specimen was subjected to a histopathological examination.

Fig. 1 and 2: Bilateral periocular skin showing hydrocystomas: multiple skin colored papules and vesicles with transluscent, shiny surface.

Histopathological examination showed presence of a cyst in the dermis, lined by an inner layer of a secretory columnar epithelium and an outer myoepithelial cell layer showing apocrine features. Surgical excisions of large cysts and electrosurgery of small cysts were done.

DISCUSSION

The apocrine hydrocystomas are rare, benign cystic proliferations which are derived from the apocrine sweat glands, which usually occur as solitary translucent cystic lesions. They occur most commonly on the head and neck, especially in the periocular tissues. The exact etiology is not known. Some hypotheses suggest the occlusion or blockage of the sweat duct apparatus due to trauma or inflammatory process resulting in retention of sweat, and a dilated cystic structure as plausible causes. Generally, they are seen in adults between the age of 30-70 years with female preponderance. It often presents as small, translucent, painless vesicles with fluid content inside them. Vision is not affected usually. They can be apocrine or eccrine in origin. Some clinical features differentiating them are: apocrine is usually solitary, larger, translucent and usually located on the face, especially on the lower palpebral region near the cilia and lacrimal drainage pathway; eccrine may be solitary or multiple, may increase with heat and decrease in the cold, translucent or opaque, with a more frequent location, on the lower eyelids but above the palpebral skin.[3] Clinical differential diagnoses include: molluscum contagiosum, nodulocystic basal cell carcinoma, hidradenoma, syringoma, hordeolum, chalazion and epidermal cyst. Various treatment modalities have been successfully tried: surgical excision, shaving and electrocoagulation, cryosurgery or even CO_2 laser. In conclusion, although multiple apocrine hydrocystomas are benign and asymptomatic. Other differential diagnosis including malignancy and other benign cystic tumors need to be ruled out. Generally, they do not recur after removal.

REFERENCES

1. Ter Poorten HJ. Apocrine hidrocystoma of the right scapula. *Arch Dermatol,* Dec., 1977; 113(12): 1730.
2. Schellini SA, Pinto APC, Castilho CN, Achilles AB, Padovani CR, Marques MEA. Eyelid eccrine and apocrine hidrocystoma - Occurrence at the "Faculdade de Medicina de Botucatu - São Paulo". *An Bras Dermatol,* 2001; 76: 283–288.
3. Wolff K, Goldsmith LA, Katz SI, Gilchrest BA, Paller AS, Leffell DJ. *Fitzpatrick's dermatology in general medicine.* 7. New York: Mc Graw Hill, 2008.