Eccrine Hidrocystoma of Atypical Location

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Abstract

Eccrine hydrocystoma is a benign adnexal tumor derived from the eccrine sweat gland, it presents clinically as a papulo vesicle of flesh color or translucent at the level of the palpebral region asymptomatic and gradually increasing in size, eccrine hydrocystoma of atypical localization have been described in the literature especially on the chest, scalp and vulva, we report a case of eccrine hydrocystoma localized at the level of the sub-mammary the clinical and dermoscopic aspect was confusing and the diagnosis was made by anatomopathological study.

Keywords: Eccrine hydrocystoma; Atypical location ; Trunk

Introduction

Eccrine hydrocystoma is a benign tumor that sits preferentially in the palpebral region in adult women, unlike apocrine hydrocystoma, their volume increases with effort and heat, these are tumors that gradually increase in size while being asymptomatic they can be single or multiple flesh-colored or pigmented [1,2].

The diagnosis is generally easy in front of the appearance of translucent paulo vesicle on the face but sometimes the locations can be atypical and the clinical aspect confusing and in this case the diagnosis is made by the anatomopathological study.

Observation

A 36-year-old female patient with no significant pathological history presented for 3 years a nodular lesion on the left sub-mammary level, progressively increasing in size. On dermatological examination, there was a hyperpigmented painful nodule of 1 cm in length and well defined, with subcutaneous component on palpation, extending to the left sub-mammary level (Figure 1). At the dermoscopy we noted a homogeneous brown pigmented pattern in the center crossed by telangiectasias and a homogeneous brown network at the periphery (Figure 2).

In front of this aspect, a histiocytocfiboma, a dermatofibrosarcoma, a supernumerary breast, a kaposi sarcoma and a melanoma were evoked, the patient benefited from an exeresis biopsy who found a multilocular cystic formation with a thick hyalinated fibrous wall bordered by a double layer of external myoepithelial and internal cubocylindrical cells with basal nuclei and eosinophilic cytoplasm. The appearance was in favor of an eccrine hydrocystoma.
Discussion

The eccrine hydrocystoma derived from eccrine sweat glands, it’s presented most often in the form of a chronic translucent vesicle telangiectasic and its preferentially localized in the face, particularly in the peri orbital and at the malar level; in our case the eccrine hydrocystoma is located in the submammary region which is considered a rare location; it can be single or multiple and reaches most often in the adult woman, the eccrine hydrocystoma is less large than the apocrine hydrocystoma and increases in size with the effort or with the hot environment. Their physiopathology is still unknown and would be due to a dilation of the eccrine sweat glands canals [3], eccrine sweat glands are present throughout the body, which explains the possibility of eccrine hydrocystoma occurring in several areas of the body, unlike apocrine hydrocystoma, since the apocrine glands are confined in axilla, nipple, external ear, external genitalia and eyelids [4], they can be confused with basal cell carcinoma, syringomas and sebaceous cysts and in these cases the histology allows the diagnosis to be rectified. Some cases have been reported in the literature of hydrocystoma in the chest in a man of a 70-year-old chest [2], scalp [5] or vulva [6].

Dermoscopy is a non-invasive means which makes possible to evoke the diagnosis without resorting to a biopsy, dermoscopy of eccrine hydrocystoma is little described in the literature and includes a well-demarcated, homogenous, milky, cystic papule; bluish hue and pale halos surrounding bluish papules have also been described [2].

The treatment is mainly based on surgery or ablative lasers, the effectiveness of botulinum toxin has been published in a few articles [7].

Conclusion

Eccrine hydrocystoma is a benign adnexal tumor derived from the eccrine sweat glands it sits preferentially on the face but some reports have described an unusual topography, particularly on the scalp, chest and vulva, we have reported a case of eccrine hydrocystoma located in the submammary level whose clinical and dermoscopy finding was confusing and whose anatominopathological study make the diagnosis.

Consent: The examination of the patient was conducted according to the Declaration of Helsinki principles.

Conflicts of interest: The authors do not declare any conflict of interest.

References