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Abstract

Apocrine hidrocystoma in the postauricular region is a very rare entity. Apocrine hidrocystomas which arise from the proliferation of apocrine glands are commonly a solitary mass diameter of 3-15 mm and located in periorbital region and axilla. It is very rare for apocrine hidrocystoma to locate in postauricular region. The management of these lesions are extensive surgical excision. A 47 years old woman attended to our outpatient clinic with a painless mass in retroauricular region whose physical examination revealed a mass consisting of conglomerating, flesh colored, multiple vesicles approximately 10x15 mm in diameter. In this paper, we present a case whose histopathological examination diagnosed apocrine hidrocystoma after extensive surgical examination.

Key words: Apocrine glands, postauricular region, benign head and neck mass

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Introduction

Hidrocystomas are adnexal tumors that contain cystic proliferations of apocrine or eccrine secretory glands and commonly occurs as a solitary cystic intradermal lesion as a result of proliferation of apocrine glands [1]. These apocrine glands lie in the dermis and are comprised of an inner columnar, eosinophilic epithelium which is surrounded by an outer layer of myoepithelial cells it is extremely rare for this tumor to develop in the deep tissue. The excessive secretion of the glands cause glandular dilatation. The secretion is strongly PAS positive. The function of eccrine sweat glands is to help regulate the body heat and fluid but the apocrine sweat glands contribute to this function to a lesser degree. Apocrine cystic lesions with true papillary projections are referred to as apocrine cystadenoma rather than apocrine hidrocystoma [2]. Here we present an unusual localisation for apocrine hidrocystoma; postauricular region.

Case report

A 47 years old woman attended to our outpatient clinic with a painless mass in retroauricular region. The mass was consisting of conglomerating, flesh colored, multiple vesicles and 10X15 mm in diameter (figure 1). The patient went excisional biopsy of the mass with 3 mm surgical margins. The histopathologic examination revealed apocrine hidrocystoma, a rare pathologic diagnosis for this region (figure 2-3). After six months follow up, the patient was without complication or recurrence.

Discussion

Apocrine hidrocystomas are rare, slow growing benign cystic proliferations of the apocrine secretory glands. Although their pathophysiology remains unclear, it is thought to be due to congestion of a sweat duct resulting in a dilated cystic structure. Apocrine hidrocystomas occur most often in adults with no age or sex predilection[3]. Our patient was a 47 year old woman. They are typically found in the head and neck, especially in the periorbital region, but other locations including the chest, axilla, palms, and penis have been described. The postauricular region is an extremely rare location for this lesion [4]. Ioannidis et al in 2008 reported the first case of external auditory canal hidrocystoma. Hidrocystomas rarely exceed 20 mm. Tumors greater than 20 mm in diameter may be called "giant" apocrine hidrocystoma. The lesion of our patient was 10X15 mm in diameter so can be defined as large sized. Apocrine hidrocystomas tends to occur as single lesions so multiple apocrine hidrocystomas seem to be uncommon [5]. Recently in 2013, Vani et al reported a multiple apocrine hidrocystoma case and represented that the presence of multiple hidrocystomas may be a marker of two rare inherited disorders – the Schopf-Schulz-Passarge syndrome and the Goltz-Gorlin syndrome. The color of the lesion varied from skin-colored to light red, brown, blue, or purple. The lesion of our patient was single and flesh coloured. As we mentioned earlier because these apocrine glands lie in the dermis it is extremely rare for this tumor to develop in the deep tissue [6]. Our lesion was nearly 6 mm raising from the surface.

Figure 1. Conglomerating, flesh-coloured, multiple vesicles located in postauricular region



Figure 2. Apocrin hidrocystoma consisting of large multilocular cystic spaces. Hematoxylin and Eosin, x40

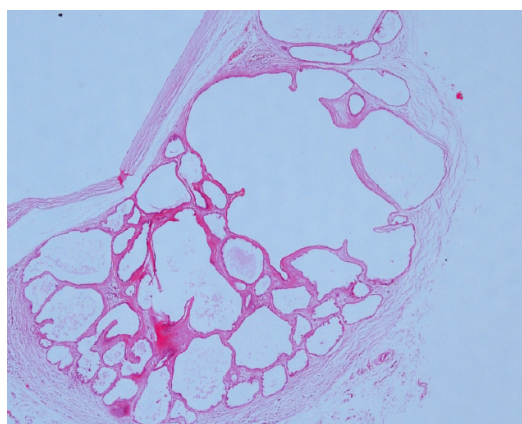
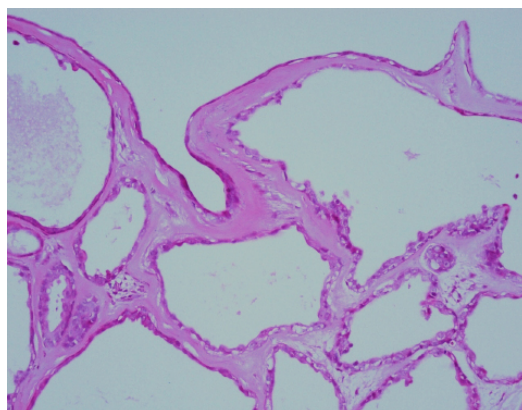


Figure 3. Cystic cavity seen lined by double layer cells; inner columnar epithelial cells and outer flattened myoepithelial cells. Hematoxylin and Eosin, x200



The clinical differential diagnosis includes eccrine hidrocystoma, cystic basal cell epithelioma, milium, and epidermoid or pilar cysts. In our patient, lesion was consisting of conglomerating, multiple vesicles so we thought it to be a lymphoproliferative degeneration. The treatment of apocrine hidrocystoma is described in several case reports. The authors stated that successful management requires excision with removal of the cyst wall to prevent recurrence [7]. Ssi-Yan-Kai et al reported a recurrent giant orbital apocrine hidrocystoma of the eye and emphasised the importance of intact excision of these lesions. They indicated that, because of very thin cyst walls intact excision may be challenging but is nec-

essary to avoid recurrence [8]. Recent reports have included case studies in which trichloroacetic acid [9], carbon-dioxide lasers [10], and 1450-nm diode lasers [11] have been used for management.

Conclusion

Although it is extremely rare, apocrine hidrocystoma must be kept in mind in differential diagnose, especially in vesicular lesions.

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