

ECCRINE HIDROCYSTOMA AS A BROW SWELLING- A RARE CASE REPORT

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ABSTRACT

Hidrocyctomas is a rare, benign, cystic lesions of the skin-can be either eccrine or apocrine. Here we are presenting a case of eccrine hidrocyctoma presenting as a brow swelling (No case reported as such to our knowdedge). A 45 year old female presented with a firm swelling over her left eye brow for the past 1 year. The mass was excised completely under local anaesthesia and sent for histopathological examination which revealed eccrine hidrocyctoma. Although for solitary Hidrocyctoma, needle aspiration or incision drainage have been tried, complete excision gives the best result with no to minimal recurrence.

Key words:

Hidrocyctoma, benign, brow swelling, eccrine, apocrine, rare benign lesion

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INTRODUCTION

Eccrine sweat glands are found throughout the cutaneous surface of the eyelids.[1] Hidrocyctomas are rare, benign, cystic lesions of the skin, it can be either eccrine or apocrine, and are often found on the head and neck region.[2][4] Eccrine hidrocyctoma is a tumour produced by mature deformed eccrine sweat units, whose secretion dilate the ducts.[10] This is a rare tumour. It was formerly reported as being more common in those who had to work exposed to heat, such as cooks.[10] Eccrine hidrocyctomas are thought to be ductal retention cysts, which tend to increase in size in hot, humid weather.[1] Eccrine Hidrocyctomas are classified into 2 major groups: (a) the Smith type, which is the most prevalent solitary type, and (b) the Robinson, or multiple, type.[2] Although the solitary hidrocyctoma is the most common clinical presentation, multiple lesions on the face and neck have been reported.[3] The cysts tend to stay asymptomatic and will follow a gradual course until a certain size is reached. Differential diagnosis includes dermoid cyst, Sebaceous cyst, apocrine hidrocyctoma and epidermal inclusion cyst.[1]

CASE REPORT

A 45 year old female presented with a gradually increasing firm swelling over her left eye brow for the past 1 year. It was not associated with pain or redness of skin. On examination, there was a firm cystic swelling over left brow of size 15mmx10mm. Other examinations were within normal limit with vision 6/6 on both eye.

The patient had no complain other than cosmetic reason, and the case was planned for excision under local anaesthesia. Routine investigations (R/E Blood, RBS, Serum creatinine, BT, CT) were within normal limit.

The mass was excised completely through a horizontal incision over the swelling taking care not to rupture the cyst. The excised mass was sent for histopathological examination. On post-operative period, oral antibiotics, oral anti-inflammatory and antibiotic ointment was given.

The histopathological study revealed a cyst wall lined by a single layer of low columnar epithelium without myoepithelial cells. A few ductal structures lined by epithelial and myoepithelial cells were also present with no evidence of malignancy suggestive of Eccrine Hidrocyctoma.

In the immediate post-op follow-up the swelling reduced significantly with minimal pain. On follow-up upto 6 month post op period, there was no evidence of recurrence with good cosmesis.



A

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B

Fig 1.A,B- Pre-Operative Pictures



A



Fig 2 Gross Specimen



B

Fig 4 A,B Post-Operative Pictures

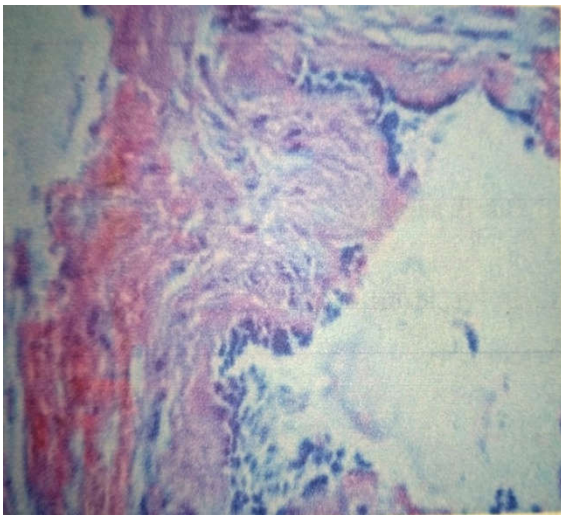


Fig 3 Histopathology -Cystic wall lined by a single layer of low columnar epithelial cells without myoepithelial cells

DISCUSSION

Hidrocystoma is a rare benign cutaneous cystic lesion originating from sweat gland (eccrine or apocrine) and predominantly occurs in head and neck region [2][4] and here we presented one such case with brow presentation (No such case reported to our knowledge). Eccrine hidrocystoma was first described by Robinson and was classified according to lesion number as Robinson(multiple) or Smith(solitary) type.[4] Eccrine hidrocystoma generally expand in summer and regress in cooler weather.[4] Hidrocystoma do not recur if total excision is achieved which was done in our case.[4] Similar cases of hidrocystoma was reported by Deniz Marangoz *et al* (orbital presentation) [4], Manpreet Singh *et al* (lid presentation)[5] and A D Singh *et al* (lid presentation)[6] Solitary hidrocystoma can be treated easily by surgical excision, but multiple lesion is problematic.[7] For multiple lesion many treatment have been tried with good success rate like injection of Botulinum Toxin like preparation[7] and Topical 0.03% atropine and 15% aluminium chloride[8]. CO2 laser, electrodesiccation and pulse dye laser are also done with good result.[10] For solitary hidrocystomas, needle puncture and incision drainage have been tried. These modality, however provide only temporary improvement with high rate of recurrence.[9] So, for solitary lesion complete surgical excision ensures minimal recurrence as done in this case.

CONCLUSION

Eccrine Hidrocystoma should be considered in case of painless cystic swelling in periorbital region even though its occurrence is rare. In patient provisionally diagnosed as solitary hidrocystoma, needle aspiration or incision drainage should not be done rather complete excision should be done as it assure minimal to no recurrence. Hidrocystoma have a good prognosis with no to minimal recurrence if excised completely. It is crucial to have long term follow-up to detect recurrence.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient have given her consent for her images and other clinical information to be reported to journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflict of interest

There are no conflict of interest.

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