Apocrine hidrocystoma of eye lid mimicking as sebaceous cell carcinoma

Undrakonda Vivekanand, Heng Siang Ting, Shankar Nag Vattipulusu, BM Yashodhara

ABSTRACT

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CASE REPORT

We report a case of a 58-years-old male who presented with a painless right upper eyelid swelling with mucoid discharge since two years. Ocular examination revealed phthisis bulbi in both eyes with nil perception of light. A nodular, reddish swelling of 1.5x2 cm was present in right eyelid involving middle one-third of upper lid margin (Figure 1). No such tumors were found in any other parts of the body of the patient. Wide excisional biopsy with Cutler–Beard lid reconstruction surgery was performed under local anesthesia (Figures 2 and 3). Histopathology (Figure 4A–B) revealed epidermis with underlying adnexa and basal incontinence of pigment, dermis showed multilocular cystic spaces lined by double layer secretory cells. Inner most cells were cuboidal with eosinophilic cytoplasm, outer layer cells were columnar suggestive of apocrine hidrocystoma of eyelid.

DISCUSSION

The eyelids are specialized structures of the ocular adnexa made up of various cells and tissues which can give to a variety of tumors of benign to malignant nature and inflammatory lesions. The management of each of these is variable. Papilloma, seborrheic

Figure 1: Right upper lid showing nodular swelling.

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Figure 2: Swelling removed and lid reconstructed by Cutler–Beard operation step 1.

Figure 3: After total lid reconstruction (Cutler–Beard operation step 2).

Figure 4: (A) Histopathology revealed epidermis with underlying adnexa and basal incontinence of pigment (H&E stain, x40).

Figure 4: (B) Dermis laden with multilocular cystic spaces lined by double layer secretory cells. Inner most cells were cuboidal with eosinophilic cytoplasm, outer layer cells were columnar suggestive of apocrine hidrocystoma of eyelid (H&E stain, x40).

keratosis, keratoacanthoma, inverted follicular keratosis, neurofibroma, pseudocarcinomatous hyperplasia and epidermal inclusion cyst are the common benign tumors. Basal cell carcinoma, squamous cell carcinoma, melanoma, sebaceous gland carcinoma and Merkel cell carcinoma are the malignant lesions of the eyelid. Tumors could also arise from sweat glands and some of them are: syringoma, eccrine hidrocystoma, apocrine hidrocystoma, syringocystadenoma papilliferum, pleomorphic adenoma and malignant sweat gland tumors. Likewise there are many tumors which could originate from vessels, hair follicles or sebaceous glands [1]. Apocrine hidrocystoma is a tumor originating from glands of Moll at the lid margin, usually solitary (sometimes multiple) cystic to nodular or papular lesions with bluish or black hue to iron deposit/lipofuscin/Tyndall effect in the cyst wall [2, 3]. Solitary tumors are treated by surgical excision. Recurrence of tumor following surgery is rare. Multiple lesions are treated with carbon dioxide laser and trichloroacetic acid or botulinum toxin. The differentials for this tumor are nevi, basal cell carcinoma, melanoma, milia and syringomyelia. The patient had a pinkish, fleshy lesion resembling sebaceous gland carcinoma which is a malignant lesion for which he underwent excision of tumor followed by Cutler-Beard reconstruction [4].

CONCLUSION

Apocrine hidrocystoma of eyelid may sometimes mimic as sebaceous cell carcinoma. Histopathology plays a crucial role in establishing a diagnosis.

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Guarantor

The corresponding author is the guarantor of submission.

Conflict of Interest

Authors declare no conflict of interest.

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